

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # A04000001121

1. Entity Name
THE ADAMS LIMITED FAMILY PARTNERSHIP, LTD.



Principal Place of Business

**2356 NW 111 AVE
SUNRISE, FL 33322**

Mailing Address

**2356 NW 111 AVE
SUNRISE, FL 33322**



02212007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1419581

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOLDSTEIN, LISA K ESQ
1000 CORPORATE DR, 7TH FLOOR
FT LAUDERDALE, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

U000000719747
05/01/07-80077-007 500.00

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ADAMS, WILLIAM L TRUSTEE
2356 NW 111 AVE
SUNRISE, FL 33322**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ADAMS, NANCY F TRUSTEE
2356 NW 111 AVE
SUNRISE, FL 33322**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

W Adams - Trustee 4-16-07

954
818-1904