


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # A04000001424 1. Entity Name THE ARNOLD RANCH FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 706 DEBRA LYNNE DRIVE BRANDON, FL 33511-5807	Mailing Address PO BOX 683 BRANDON, FL 33509-0683
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-1979569	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARNOLD, ROBERT H
706 DEBRA LYNNE DRIVE
BRANDON, FL 33511-5807**

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

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

U000000611184
02/02/07-80051-002 500.00

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
	ARNOLD, ROBERT H	706 DEBRA LYNNE DRIVE	BRANDON, FL 335115807
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ARNOLD, LINDA E	706 DEBRA LYNNE DRIVE	BRANDON, FL 335115807
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

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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: *Robert H. Arnold*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-24-07 *813-689-7933*
Date Daytime Phone #

STAPLE CHECK HERE