

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # A04000001712

1. Entity Name
LOUISE NEWMAN FAMILY LIMITED PARTNERSHIP, LTD.



Principal Place of Business
**6103 121ST AVENUE EAST
PARRISH, FL 34219**

Mailing Address
**6103 121ST AVENUE EAST
PARRISH, FL 34219**



03062007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1826282

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WITT, RONALD E
1400 4TH AVENUE WEST
BRADENTON, FL 34205**

**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

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
**NEWMAN, LOUISE W TRUSTEE
6103 121ST AVENUE EAST
PARRISH, FL 34219**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GILLET, W A JR.
6103 121ST AVENUE EAST
PARRISH, FL 34219**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GILLET, DARREN A
4110 PROVIDENCE SQUARE
ALPHARETTA, GA 30004**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X **3/16/07**

Date

941-747-1180

Daytime Phone #

STAPLE CHECK HERE