


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 24 AM 8:17

DOCUMENT # A04000001827					
1. Entity Name FAMILY LANDS REMEMBERED, LLLP					
Principal Place of Business 7128 SE RIVERS EDGE ROAD JUPITER, FL 33458			Mailing Address 7128 SE RIVERS EDGE ROAD JUPITER, FL 33458		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1908404	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERGARA, CARLOS M 7128 SE RIVERS EDGE ROAD JUPITER, FL 33548				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000157013		STREET ADDRESS		
NAME	FAMILY LANDS REMEMBERED, INC.		CITY-ST-ZIP	400086745134 01/31/07--01010--007 **505.00	
STREET ADDRESS	7128 SE RIVERS EDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
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CITY-ST-ZIP			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: _____			1/17/07 (561) 202-71188		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE