


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Apr 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # A04000002068 1. Entity Name DAVID CRUM FAMILY, LTD.	
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Principal Place of Business 6401 SOUTH STATE ROAD 39 PLANT CITY, FL 33566	Mailing Address 6401 SOUTH STATE ROAD 39 PLANT CITY, FL 33566
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DO NOT WRITE IN THIS SPACE

02162007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 52-2448313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRUM, DAVID C 6401 SOUTH STATE ROAD 39 PLANT CITY, FL 33566	DO NOT WRITE IN THIS SPACE
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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**

**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	CRUM, DAVID C 6401 SOUTH STATE ROAD 39 PLANT CITY, FL 33566
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U00000687735
04/10/07-80052-007 500.00

STAPLE CHECK HERE

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: David Crum _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____