


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

**FILED
Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # A05000000510 1. Entity Name C & S FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 55002 FAMILY CT. CALLAHAN, FL 32011	Mailing Address 55002 FAMILY CT. CALLAHAN, FL 32011
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-LP CR2E003 (12/06)

4. FEI Number 04-3807656	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 CARTER, JOHNNY EARL 55002 FAMILY CT. CALLAHAN, FL 32011

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**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	CARTER, JOHNNY EARL 55002 FAMILY CT. CALLAHAN, FL 32011
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CARTER, LAURA S 55002 FAMILY CT. CALLAHAN, FL 32011
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01/16/07-80020-001 500.00

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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: <i>Laura S. Carter</i> Laura S. Carter	19-07 (904) 879-1042
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>