


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

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

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



01092007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>04-3807656</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ 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	<b>CARTER, JOHNNY EARL 55002 FAMILY CT. CALLAHAN, FL 32011</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>CARTER, LAURA S 55002 FAMILY CT. CALLAHAN, FL 32011</b>
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01/16/07-80020-001 500.00

**DO NOT WRITE IN THIS SPACE**

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:** *Laura S. Carter* *Laura S. Carter* 1-9-07 (904) 879-1042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #