


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000000530	
1. Entity Name ERIKA M. ANDERSON FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 214 BANNING BEACH ROAD TAVARES, FL 32778	Mailing Address 214 BANNING BEACH ROAD TAVARES, FL 32778
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2. Principal Place of Business - No P.O. Box # 250 BANNING BEACH RD	3. Mailing Address 250 BANNING BEACH RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent THE ROY LAW FIRM, PL 411 W. CENTRAL PARKWAY ALTAMONTE SPRINGS, FL 32714	
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04202007	Chg-LP	CR2E003 (12/06)
4. FEI Number 20 251 6067	Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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 _____
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # L05000022823	NAME ANDERSON CAPITAL MANAGEMENT, LLC	STREET ADDRESS 250 BANNING BEACH ROAD	
STREET ADDRESS 214 BANNING BEACH ROAD		CITY-ST-ZIP	
CITY-ST-ZIP TAVARES, FL 32778			
DOCUMENT #	NAME	STREET ADDRESS	
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05/02/07--01049--002 **500.00

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: *Erika M. Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.20.07

831-2345

Daytime Phone #

FILED

2007 APR 25 AM 10:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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