## 2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

STAPLE CHECK, HERE

DOCUMENT # A05000000670 1. Enlity Name					FILED
MOORES FAMILY INVESTMENTS, LLLP		LLP			2007 MAR - 1 AM 10: 19
Principal Plac	ce of Business	Mailing Address			SECRETARY OF STATE
4627 RUE BELLE MER SANIBEL FL 33957		P.O. BOX 1475 SANIBEL FL 33957			SECRETARY OF STATE TALLAHASSEE.FLORIDA
Principal Place of Business - No P.O. Box #     Add     Add			ddress		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E003 (10/06)
City & State		City & State			4. FEI Number AP-PLIED FOR Applied For Not Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				hi	7. Name and Address of New Registered Agent
				Name	
MOORES, JOHN D 4627 RUE BELLE MER SANIBEL FL 33957				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 Signature, typed or printed name of registered agent and title it applicable.					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900, *** Make check payable to Florida Department of State.					
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	RINFORMATION	13.		ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS	MOORES, JOHN D TRUSTEE	, JOHN D TRUSTEE BELLE MER		ET ADDRESS	
CITY-ST-ZIP	4627 RUE BELLE MER SANIBEL FL 33957			- S1- /IP	
DOCUMENT # NAME	MOORES, SARA R TRUSTEE		STRE	ET ADDRESS	200091017572 03/06/9701027025 **500.00
STREET ADDRESS CITY-ST-ZIP			CITY	- SI-7IP	
DOCUMENT# NAME			STAL	ET ADDRESS	
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NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY- ST-ZIP CIT			CITY	- ST- ZIP	
NAME			SIRE	ET ADDRESS	
STREET ADDRESS CITY-SI-ZIP CIT			CITY	· ST- /IP	
NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	CITY- ST-ZIP CITY			SI-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 legat 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					