


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

<b>DOCUMENT # A05000000970</b>		
1. Entity Name <b>THE JOHN PAUL GADDIS FAMILY LIMITED PARTNERSHIP</b>		
Principal Place of Business <b>221 W. OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311</b>		Mailing Address <b>P.O. BOX 950 FORT LAUDERDALE, FL 33302-0950</b>
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

**FILED**

2007 APR 30 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01312007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>APPLIED FOR</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

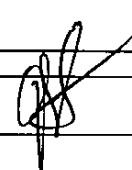
<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>GADDIS, JESSE P 221 W. OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

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 # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
<b>P03000096041 JOHN PAUL FAMILY CORP. 221 W. OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33311</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
	<b>700101853497 05/08/07--01040--025 **500.00</b>
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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:**  **Jesse P. Gaddis** 4/10/07 (954) 565-8900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #