


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

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A05000001281</b> 1. Entity Name <b>BOO FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>24119 PRODUCTION CIRCLE BONITA SPRINGS FL 34135</b>		Mailing Address <b>24119 PRODUCTION CIRCLE BONITA SPRINGS FL 34135</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
6. Name and Address of Current Registered Agent  <b>BONAR, PAULA K 24119 PRODUCTION CIRCLE BONITA SPRINGS FL 34135</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <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 <u><i>Paula Bonar</i></u> DATE <u>4/28/07</u> <small>Signature, typed or printed name of registered agent, and date if applicable.</small>			
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	<b>POLEN, PAUL J 24119 PRODUCTION CIRCLE BONITA SPRINGS FL 34135</b>	STREET ADDRESS CITY- ST- ZIP	
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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: <u><i>Paul J Polen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<u>4/28/07</u> <u>239-446-5444</u> <small>Date Daytime Phone #</small>	



1st MOORE CR2E003 (10/06)

4. FEI Number **20-2964085** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE