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

DO NOT WRITE IN THIS SPACE

**DOCUMENT # A05000001898** 

1. Entity Name

**BUTLER & BUTLER FAMILY LIMITED PARTNERSHIP** 



FILED Apr 27, 2007 08:00 A Secretary of State

Principal Place of Business

702 A GRAND MARINER 1100 HWY 98 EAST DESTIN, FL 32541 Mailing Address

702 A GRAND MARINER 1100 HWY 98 EAST DESTIN, FL 32541



03192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-3389938

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BUTLER, JIM T 702 A GRAND MARINER 1100 HWY 98 EAST DESTIN, FL 32541

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6. 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 if applicable.		DATE
	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	BUTLER, JIM TOM TRUSTEE	
STREET ADDRESS	702 A GRAND MARINER, 1100 HWY 98 EAST	
CITY-ST-ZIP	DESTIN, FL 32541	

## DOCUMENT # STREET ADDRESS CiTY-ST-ZiP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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U00000738940 05/14/07-80004-013 500.00

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-11-07 870-935-109

Daytime Phone #