

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000001931

**FILED**  
**Apr 06, 2007**  
**Secretary of State**

**Entity Name:** T. BERRY LONG, III FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

29720 SQUIRREL POINT ROAD  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

29720 SQUIRREL POINT ROAD  
TAVARES, FL 32778

**New Mailing Address:**

**FEI Number:** 20-3690570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LONG, T. BERRY III  
29720 SQUIRREL POINT ROAD  
TAVARES, FL 32778 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: LONG, T. BERRY III  
Address: 29720 SQUIRREL POINT ROAD  
City-St-Zip: TAVARES, FL 32778

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: T. BERRY LONG III

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/06/2007

\_\_\_\_\_  
Date