

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


**FILED
Jan 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # A05000002117
1. Entity Name
PICARD FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
**20 COPPERGATE ROAD
EAST GRANBY, CT 06026-9511** **20 COPPERGATE ROAD
EAST GRANBY, CT 06026-9511**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-2262179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LEHRMAN, RICHARD ALAN
777 ARTHUR GODFREY ROAD, FOURTH FLOOR
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

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

DOCUMENT #	D05000000022
NAME	HARRISON REYNOLDS PICARD MANAGEMENT TRUST
STREET ADDRESS	20 COPPERGATE ROAD
CITY-ST-ZIP	EAST GRANBY, CT 060269511
DOCUMENT #	D05000000023
NAME	SALLY BORG PICARD MANAGEMENT TRUST
STREET ADDRESS	20 COPPERGATE ROAD
CITY-ST-ZIP	EAST GRANBY, CT 060269511
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000581512
01/10/07-80088-024 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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:  **Harrison R. Picard** 1/3/07 860-653-7465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #