2007 EIMITED FARTIVERSTIF ANNOAL REFORM

DOCUMENT # A05000002227

1. Entity Name

R & J CRICHTON LIMITED PARTNERSHIP



FILED
Mar 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

623 PINE RIDGE CT TITUSVILLE, FL 32780 Mailing Address

623 PINE RIDGE CT TITUSVILLE, FL 32780



02272007 No Chg-LP

CR2E003 (12/06)

4.	FEI Number			Applied For
	NOT APPLICABLE	 		Not Applicable
_	Cortificate of Status Desired	\$8.7	' 5 <i>i</i>	Additional

S. Commeato or oa

Fee Required

6. Name and Address of Current Registered Agent

CRICHTON, RICHARD N 623 PINE RIDGE CT TITUSVILLE, FL 32780

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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	Signature, typed or printed name of registered agent and little it applicable		DATE				
	FILE NOWIII FEE IS \$500.00 After May 1, 2007, Fee will be \$900	0.00					
	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	A TA ME SHOW ME WE ARE I SHOW THE WAY OF THE					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CRICHTON, RICHARD 623 PINE RIDGE CT TITUSVILLE, FL 32780						
DOCUMENT # NAME STREET ADDRESS GITY-ST-ZW	CRICHTON, JEAN F 623 PINE RIDGE CT TITUSVILLE, FL 32780	o de la companya de l	0000000652827 3/12/07:30034-009:500.00				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			OT WRITE				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN UR	IIS SPACE				
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP							

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:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

2/27/07...