

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000002319

1. Entity Name
AHAD ISLAM FAMILY LIMITED PARTNERSHIP, LLLP



FILED

07 JUN 13 AM 9:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**2400 HARBOR BLVD.
SUITE 6
PORT CHARLOTTE, FL 33952**

Mailing Address
**2400 HARBOR BLVD.
SUITE 6
PORT CHARLOTTE, FL 33952**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242007

Chg-LP

CR2E003 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANE, DANIEL A
4166 TAMiami TRAIL
UNIT B
PORT CHARLOTTE, FL 33952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

900104676619

06/21/07 01051 000 **500.00

FL

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

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**

\$500.00 To Florida Sept. of State

**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 **AHAD, ARSHAD**
STREET ADDRESS **2400 HARBOR BLVD. SUITE 6**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

x 4/24/07