

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000343

1. Entity Name
WARD A. AND DONNA S. LIEBI FAMILY LIMITED PARTNERSHIP



FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 P.O. BOX 770756
 WINTER GARDEN, FL 34777

Mailing Address
 P.O. BOX 770756
 WINTER GARDEN, FL 34777



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

04262007 Chg-LP CR2E003 (12/06)

4. FEI Number
 16-1748533

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

LIEBI, DONNA S
 16031 MAGNOLIA CREEK LANE
 MONTEVERDE, FL 34756

Name

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

City

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 LIEBI, WARD A
 16031 MAGNOLIA CREEK LANE
 MONTEVERDE, FL 34756

STREET ADDRESS
 CITY-ST-ZIP

800103639038
 06/01/07-01007-016 ***500.00

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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: *Ward A. Liebi* WARD A. LIEBI

4/27/07

407-399-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE