

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000344

1. Entity Name
DAVID J. MAHN AND LYNNE L. MAHN FAMILY LIMITED PARTNERSHIP



FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
16101 MAGNOLIA CREEK LANE 16101 MAGNOLIA CREEK LANE
MONTEVERDE, FL 34756 MONTEVERDE, FL 34756

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 Applied For
16-1748534 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHN, LYNNE L
16101 MAGNOLIA CREEK LANE
MONTEVERDE, FL 34756

7. Name and Address of New Registered Agent

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

DOCUMENT #
NAME MAHN, DAVID J
STREET ADDRESS 16101 MAGNOLIA CREEK LANE
CITY-ST-ZIP MONTEVERDE, FL 34756

DOCUMENT #
NAME MAHN, LYNNE L
STREET ADDRESS 16101 MAGNOLIA CREEK LANE
CITY-ST-ZIP MONTEVERDE, FL 34756

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 400103638734
CITY-ST-ZIP 06/01/07--01007--013 **\$500.00

STREET ADDRESS
CITY-ST-ZIP

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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: David J. Mahn DAVID J. MAHN

4/27/07

407-399-5542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE