

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR 30 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032007 Chg-LP CR2E003 (12/06)

| | | | |
|--|--------------------------|--|--|
| DOCUMENT # A06000000497 | |  | |
| 1. Entity Name THE ROBERT BOOZER FAMILY LIMITED PARTNERSHIP | | | |
| Principal Place of Business 13939 MANDARIN OAKS LANE JACKSONVILLE, FL 32223 | | Mailing Address 13939 MANDARIN OAKS LANE JACKSONVILLE, FL 32223 | |
| 2. Principal Place of Business - No P.O. Box # Jacksonville 32223 Suite, Apt. #, etc. | | 3. Mailing Address 13939 Mandarin Oaks Ln. Suite, Apt. #, etc. | |
| City & State Jacksonville FL | | City & State Jacksonville FL | |
| Zip 32223 Country DUAL | | Zip 32223 Country DUAL | |
| 4. FEI Number 20-4622845 | | 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 BOOZER, ROBERT G 13939 MANDARIN OAKS LANE JACKSONVILLE, FL 32223 | | 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 <i>Robert G Boozer</i> | | DATE <i>Self</i> | |
| <p>FILE NOW!!! FEE IS \$500.00 After May 1, 2007; Fee will be \$900.00</p> <p>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.</p> | | | |
| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | BOOZER, ROBERT G | STREET ADDRESS | |
| NAME | 13939 MANDARIN OAKS LANE | CITY-ST-ZIP | |
| STREET ADDRESS | JACKSONVILLE, FL 32223 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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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: <i>Robert G Boozer</i> | | 1/9/2007 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | 904-262-1975 | |
| | | Daytime Phone # | |

STAPLE CHECK HERE

904-262-1975