


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL 18 PM 2:03

DOCUMENT # A06000000511	
1. Entity Name STANFORD FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 8621 EHREN CUTOFF LAND O' LAKES, FL 34639	Mailing Address 1200 WEST PLATT STREET SUITE 100 TAMPA, FL 33606
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 8621 Ehren Cutoff
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State LAND O' LAKES, FL
Zip	Country
34639	USA



07092007 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PREVATT, KAREN J 1200 WEST PLATT STREET SUITE 100 TAMPA, FL 33606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 title if applicable.

7-11-2007
DATE

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	STANFORD, DONALD L	STREET ADDRESS	
NAME	8621 EHREN CUTOFF	CITY - ST - ZIP	500106489755
STREET ADDRESS	LAND O' LAKES, FL 34639		07/20/07--01033--012 **500.00
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: Donald L. Stanford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-11-2007
Date

Daytime Phone #

STAPLE CHECK HERE