

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A06000000652**

1. Entity Name  
**WILLIAM T. VICKERS FAMILY LIMITED PARTNERSHIP**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**07 JAN -8 AM 8:08**

Principal Place of Business      Mailing Address  
**1600 MARINA BAY DRIVE, UNIT 406**      **1600 MARINA BAY DRIVE, UNIT 406**  
**PANAMA CITY, FL 32409**      **PANAMA CITY, FL 32409**

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



01042007      Chg-LP      CR2E003 (12/06)

4. FEI Number      Applied For  
**EIN-20-4523133**      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**

**VICKERS, WILLIAM T**  
**1600 MARINA BAY DRIVE, UNIT 406**  
**PANAMA CITY, FL 32409**

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**

**600084143226**  
**01/12/07--01009--006 \*\*508.75**

**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      **VICKERS, WILLIAM T**  
 STREET ADDRESS      **1600 MARINA BAY DRIVE, UNIT 406**  
 CITY-ST-ZIP      **PANAMA CITY, FL 32409**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME      **VICKERS, IMOGENE H**  
 STREET ADDRESS      **1600 MARINA BAY DRIVE, UNIT 406**  
 CITY-ST-ZIP      **PANAMA CITY, FL 32409**

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 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:** *William T. Vickers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4 January 2007**  
**250-265-3501**  
Daytime Phone #

STAPLE CHECK HERE