


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A06000000670			
1. Entity Name THE KEISER FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 7415 RIVERSIDE DRIVE PUNTA GORDA FL 33982		Mailing Address P.O. BOX 512117 PUNTA GORDA FL 33951	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	

FILED

2007 MAR -1 AM 10:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1st MOORE CR2E003 (10/06)

4. FEI Number 20-5446822	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 MINERICH, JANET 7415 RIVERSIDE DRIVE PUNTA GORDA FL 33982		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	
NAME	MINERICH, JANET	CITY - ST - ZIP	
STREET ADDRESS	7415 RIVERSIDE DRIVE		
CITY - ST - ZIP	PUNTA GORDA FL 33982		
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STREET ADDRESS			
CITY - ST - ZIP			

500091017126
03/06/07--01027--016 **\$900.00

STAPLE CHECK HERE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/10/07