

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000671

1. Entity Name
THE W.D. LONG FAMILY FARMS LIMITED LIABILITY LIMITED PARTNERSHIP



Principal Place of Business
**2849 LUST ROAD
 APOPKA, FL 32703**

Mailing Address
**2849 LUST ROAD
 APOPKA, FL 32703**

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

04242007

Chg-LP

CR2E003 (12/06)

4. FEI Number

06-1779294

Applied For

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

**LONG, WILLIAM D
 2849 LUST ROAD
 APOPKA, FL 32703**

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 date 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **270583**
 NAME **LONG FARMS, INC.**
 STREET ADDRESS **2849 LUST ROAD**
 CITY-ST-ZIP **APOPKA, FL 32703**

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/07

Date

407-889-4141

Daytime Phone #

W. William D. Long

STAPLE CHECK HERE

FILED
07 JUN 26 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

