

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 12 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000001466

1. Entity Name
THE CONDEE FAMILY LIMITED PARTNERSHIP



Principal Place of Business
25 FRONT STREET
MARCO ISLAND, FL 34145

Mailing Address
959 N BARFIELD DRIVE
MARCO ISLAND, FL



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

02062007

Chg-LP

CR2E003 (12/06)

4. FEI Number

43-2118111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R
606 BALD EAGLE DRIVE STE 500
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name DONALD E. CONDEE, SR.

Street Address (P.O. Box Number is Not Acceptable)

959 N. Barfield Dr.

City

MARCO ISLAND

FL

Zip Code

34145

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

Donald E. Condee Sr.

3/7/07

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE (\$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

DOCUMENT #
NAME CONDEE, MARY L
STREET ADDRESS 959 N BARFIELD DRIVE
CITY-ST-ZIP MARCO ISLAND, FL 34145

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CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

800092640968
03/14/07--01042--007 **500.00

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:

Mary Louise Condee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/7/07

Date

Daytime Phone #

(239) 394-2274

STAPLE CHECK HERE