

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

DOCUMENT # A07570

1. Entity Name

SAMPALA LAKE RANCH LIMITED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 31 AM 9:48

Principal Place of Business

Mailing Address

800 FOXHOUND DR., RT. 37
DAYTONA BEACH FL 32124

800 FOXHOUND DR., RT. 37
DAYTONA BEACH FL 32124

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

4. FEI Number

58-1438520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E003 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KREMSER, GEFFORY
6464 CYPRUS SPRINGS PARKWAY
PORT ORANGE FL 32124

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. * 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
CITY ST ZIP
KREMSER, FRANK J JR.
800 FOX HOUND DR.
PORT ORANGE FL 33128

STREET ADDRESS

CITY ST ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY ST ZIP
KREMSER, PAULINE H
800 FOX HOUND DR.
PORT ORANGE FL 33128

STREET ADDRESS

CITY ST ZIP

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CITY ST ZIP

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

Date

Daytime Phone #

STAPLE CHECK HERE