

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # A08755

1. Entity Name
REYNOLDS PROPERTIES, LTD.



Principal Place of Business
**521 LAKE FRANCIS RD.
LAKE PLACID, FL 33852**

Mailing Address
**521 LAKE FRANCIS RD.
LAKE PLACID, FL 33852**



01092007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1994951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REYNOLDS, CHARLES
80 BEAR POINT LANE
LAKE PLACID, FL**

**DO NOT WRITE
IN THIS SPACE**

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

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	REYNOLDS, CHARLES JR.
STREET ADDRESS	80 BEAR POINT LANE
CITY - ST - ZIP	LAKE PLACID, FL
DOCUMENT #	
NAME	BULLARD REYNOLDS, BARBARA
STREET ADDRESS	112 BODENHAM RD.
CITY - ST - ZIP	LAKE PLACID, FL
DOCUMENT #	
NAME	REYNOLDS, TERRY L
STREET ADDRESS	106 BODENHAM RD.
CITY - ST - ZIP	LAKE PLACID, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/18/07-80015-022 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

Barbara Bullard **BARBARA Bullard**

1-9-07

863465-81700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE