

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A16878**

1. Entity Name  
RAMBLING OAKS VILLAS, LTD.



Principal Place of Business  
C/O HARTZOG & COMPANY  
P. O. BOX 787  
EUFAULA, AL 36072

Mailing Address  
C/O HARTZOG & COMPANY  
P. O. BOX 787  
EUFAULA, AL 36072



02272007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0155620

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CAUVEL, HOWARD L  
233 E. RICH AVE.  
DELAND, FL 32724

**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**

U00000658982  
03/16/07-80010-026 500.00

**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  
STREET ADDRESS  
CITY-ST-ZIP  
MACDONALD, VICTORIA E  
3711 SHAMROCK WEST, #N266  
TALLAHASSEE, FL 32308

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MACDONALD, JOHN A  
1175 GEORGE RYAN ROAD  
DELAND, FL 32720

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-27-07

334-687-8075

STAPLE CHECK HERE