


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

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT #A18185 1. Entity Name PATRONIS BROTHERS ENTERPRISES LIMITED PARTNERSHIP	
---	---

Principal Place of Business 5551 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32407	Mailing Address 5551 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32407
---	---

DO NOT WRITE IN THIS SPACE



04192007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-1196053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATRONIS, JIMMY T. 5551 N. LAGOON DR. PANAMA CITY BEACH, FL 32407

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

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	PATRONIS, JIMMY T.
STREET ADDRESS	3144 N KINGS DRIVE
CITY-ST-ZIP	PANAMA CITY, FL
DOCUMENT #	
NAME	PATRONIS, JOHNNY T.
STREET ADDRESS	3613 DELWOOD DRIVE
CITY-ST-ZIP	PANAMA CITY, FL
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

UD00000747813
05/17/07-80041-002 500.00

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:  **4/24/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE