

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR -5 AM 9: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A22631 1. Entity Name THE PAUL FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2020 DUNDEE RD WINTER HAVEN, FL 33884			Mailing Address 2020 DUNDEE RD WINTER HAVEN, FL 33884		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P O Box 898			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State WINTER HAVEN FL		4. FEI Number 59-2673491	
Zip		Country 33882 POLK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAUL, EUGENE S 2020 DUNDEE RD. WINTER HAVEN, FL 33884				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS			
	P.O. BOX 301	CITY-ST-ZIP			
	LABELLE, FL 33935				
DOCUMENT #	NAME	STREET ADDRESS			
	PAUL, EUGENE S	CITY-ST-ZIP			
	2020 DUNDEE ROAD				
	WINTER HAVEN, FL 33884				
DOCUMENT #	NAME	STREET ADDRESS			
	PAUL, BRYAN W	CITY-ST-ZIP			
	5701 FT DENAUD ROAD				
	ALVA, FL 33920				
DOCUMENT #	NAME	STREET ADDRESS			
		CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS			
		CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS			
		CITY-ST-ZIP			

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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: Eugene S Paul 3/1/07 863 293-9906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE