

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # A23109

1. Entity Name
NALL PARTNERSHIP, LTD.



Principal Place of Business
**119 EUCLID AVE.
BIRMINGHAM, AL 35213**

Mailing Address
**119 EUCLID AVE.
BIRMINGHAM, AL 35213**

DO NOT WRITE IN THIS SPACE



04182007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
63-0820108

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LES, BURKE
221 MCKENZIE AVENUE
PANAMA CITY, FL, FL 32401**

**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
STREET ADDRESS
CITY-ST-ZIP
**NALL, J. WALLACE III
119 EUCLID AVE.
BIRMINGHAM, AL 35213**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**NALL, J. WALLACE JR
119 EUCLID AVE.
BIRMINGHAM, AL 35213**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WHATLEY, KATHERINE N
119 EUCLID AVE.
BIRMINGHAM, AL 35213**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/14/07-80009-007 500.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-07 (205)879-7720

Date

Daytime Phone #

STAPLE CHECK HERE