

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A27644

1. Entity Name
MEADOW RIDGE ESTATES, LTD.



Principal Place of Business
208 W ALAMO DR
LAKELAND, FL 33813-1503

Mailing Address
PO BOX 5400,
LAKELAND, FL 33807-5400

2. Principal Place of Business - No P.O. Box #
1420 S. Florida Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State

Zip
33803

Country
USA

Zip

Country

04232007 Chg-LP CR2E003 (12/06)

4. FEI Number
59-2924108

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARPER, ROBERT F III
208 W ALAMO DR
LAKELAND, FL 33813-1503

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1420 S. Florida Ave.
 City **Lakeland** **FL** Zip Code **33803**

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 **Robert F. Harper, III**

4/9/07
 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 # **G99051900271**
 NAME **FAIRFAX ASSOCIATES**
 STREET ADDRESS **208 W ALAMO DR**
 CITY-ST-ZIP **LAKELAND, FL 338131503**

DOCUMENT # **A22230**
 NAME **MURRAY FINANCIAL GROUP, LTD.**
 STREET ADDRESS **208 W ALAMO DR**
 CITY-ST-ZIP **LAKELAND, FL 338131503**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1420 S. Florida Ave.**
 CITY-ST-ZIP **Lakeland, FL 33803**

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 CITY-ST-ZIP

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: **ROBERT F. HARPER, III**

4/9/07 **863 647-5554**
 Date Daytime Phone #

FILED

2007 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE