## 2007 LIMITED PARTNERSHIP ANNUÄL REPORT Due By May 1, 2007

## **DOCUMENT # A29304**

1. Entity Name COOK FAMILY ENTERPRISES, LTD.



FILED Apr 09, 2007 08:00 All Secretary of State

Principal Place of Business

Mailing Address

1526 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444 1526 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444



## DO NOT WRITE IN THIS SPACE

01302007 No Chg-LP CR2E00

CR2E003 (12/06)

4. FEI Number 59-2977160 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

B. Name and Address of Current Registered Agent

BRYANT, ROWLETT W. 833 HARRISON AVENUE PANAMA CITY, FL 32401

## DO NOT WRITE IN THIS SPACE

| PANAMA CITY, FL 32401   |  | IN THIS SPACE   |
|---|--|---|
|   | named entity submits this statement for the purpose of changing its regions of registered agent.   | sistered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept |
| SIGNATURE   | Signature, typed or printed name of registered agant and title if applicable.  | DATE  |
|   | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2007, Fee will be \$900.0  |   |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE? 500 , 00 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. |  |   |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  | GENERAL PARTNER INFORMATION  GOWDY, FRANKIE L  1526 COUNTRY CLUB DR.  LYNN HAVEN, FL 32444   |   |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  |  | DO NOT WRITE  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  | · .  | IN THIS SPACE   |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  | N THE STATE OF THE |   |
| DOCUMENT # NAME STREET ADDRESS  | e seguin e marie de la companya.   |   |

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 employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

MALE FRANKE OF SIGNING GENERAL PARTHI

4-4-07

GKO265-1944