




2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # A29426 1. Entity Name FINKS FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 1000 COUNTY RD. 846 EAST IMMOKALEE, FL 34142			Mailing Address 1000 COUNTY RD. 846 EAST IMMOKALEE, FL 34142		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01092007 Chg-LP CR2E003 (12/06)	
Zip Country		Zip Country		4. FEI Number 65-0115127	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FINKS, GLENN 1000 COUNTY RD. 846 EAST IMMOKALEE, FL 34142			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <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		
NAME	FINKS, CHARLES DONALD		CITY - ST - ZIP		
STREET ADDRESS	1000 COUNTY RD. 846 EAST				
CITY - ST - ZIP	IMMOKALEE, FL 34142				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	FINKS, CHARLES GLENN		CITY - ST - ZIP		
STREET ADDRESS	1000 COUNTY RD. 846 EAST		U000000598102 01/24/07-80062-018 500.00		
CITY - ST - ZIP	IMMOKALEE, FL 34142				
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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: * 			* 1/16/07 * 239-657-3181 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE