


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A29474</b> 1. Entity Name <b>SCOTT FAMILY, LTD.</b>	
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Principal Place of Business <b>1011 W. LANCASTER ROAD ORLANDO, FL 32809</b>	Mailing Address <b>P.O. BOX 593298 ORLANDO, FL 32859-3298</b>
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01222007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2983967</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCOTT, BARBARA F 5926 BENT PINE DRIVE APT. #128 ORLANDO, FL 32822</b>
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**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	<b>SCOTT, BARBARA F</b>
STREET ADDRESS	<b>5926 BENT PINE DRIVE, APT. #128</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32822</b>
DOCUMENT #	
NAME	
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01/23/07-80033-005 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:**

*Barbara F. Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/22/07*  
Date

*407-856-5658*  
Daytime Phone #