

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A30974

1. Entity Name
LAGNIAPPE GROUP, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 25 AM 7:47

Principal Place of Business
**5300 BRADFORDVILLE ROAD
TALLAHASSEE, FL 32309**

Mailing Address
**5300 BRADFORDVILLE ROAD
TALLAHASSEE, FL 32309**



01042007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3042686

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, CAROL G
5300 BRADFORDVILLE ROAD
TALLAHASSEE, FL 32309**

**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 *Carol G. Lewis* **CAROL G. LEWIS General Partner**

1-18-07

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LEWIS, CAROL G
5300 BRADFORDVILLE ROAD
TALLAHASSEE, FL 32309**

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[Signature]
**700086798737
01/31/07--01017--008 **500.00**

**DO NOT WRITE
IN THIS SPACE**

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: *Carol G. Lewis* **CAROL G. LEWIS**

1-18-07

850-893-0677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE