

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 25 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A32055	
1. Entity Name T. JAMES MANNAUSA FAMILY PARTNERSHIP, LTD.	



Principal Place of Business 4255 52ND PLACE WEST BRADENTON, FL 34210	Mailing Address 4255 52ND PLACE WEST BRADENTON, FL 34210
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02122007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2921866	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANNAUSA, THOMAS J 4255 52ND PLACE WEST BRADENTON, FL 34210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	MANNAUSA, THOMAS J.	CITY-ST-ZIP	
STREET ADDRESS	4255 52ND PLACE W.		
CITY-ST-ZIP	SARASOTA, FL BRADENTON, FL 34210		
DOCUMENT #	NAME	STREET ADDRESS	300101616823
NAME		CITY-ST-ZIP	05/04/07--01047--010 **508.75
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STREET ADDRESS			
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/24/07 941 3651511
Date Daytime Phone # ext 102

STAPLE CHECK HERE