

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # A32415

1. Entity Name
WATSON FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**3079 FOXFORD CIRCLE
TALLAHASSEE, FL 32309**

Mailing Address
**3079 FOXFORD CIRCLE
TALLAHASSEE, FL 32309**



07032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3101299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WATSON, DAVID STUART
3709 FOXFORD CIRCLE
TALLAHASSEE, FL 32308**

**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.

U00000767059

07/05/07-80007-023 500.00

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

WATSON, DAVID STUART

STREET ADDRESS

3079 FOXFORD CIRCLE

CITY-ST-ZIP

TALLAHASSEE, FL

DOCUMENT #

NAME

WATSON, JANE MARGARET D.

STREET ADDRESS

3079 FOXFORD CIRCLE

CITY-ST-ZIP

TALLAHASSEE, FL

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**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:

David S. Watson
DAVID S WATSON

Date

Daytime Phone #

July 3 2007 850 668 2838

STAPLE CHECK HERE