


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

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # A92000000248 1. Entity Name TURNER FAMILY PARTNERSHIP, LTD., LLP	
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Principal Place of Business 10089 PARADISE BOULEVARD TREASURE ISLAND, FL 33706	Mailing Address 10089 PARADISE BOULEVARD TREASURE ISLAND, FL 33706
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3155698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TURNER, ALBERT J JR 10089 PARADISE BOULEVARD TREASURE ISLAND, FL 33706	DO NOT WRITE IN THIS SPACE
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	TURNER, ALBERT J., JR., TRUSTEE 10089 PARADISE BOULEVARD TREASURE ISLAND, FL 33706
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	TURNER, LOIS H., TRUSTEE 10089 PARADISE BOULEVARD TREASURE ISLAND, FL 33706
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05/16/07-80080-008 500.00

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

Lois H. Turner, Trustee
SIGNATURE: *Lois H. Turner, Trustee* **4/25/07** **(727) 360-0032**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE