2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A93000000003

1. Entity Name

THE LINDSEY FAMILY PARTNERSHIP, LTD.



Mailing Address

Principal Place of Business 1320 THOMASWOOD DRIVE TALLAHASSEE, FL 32308

1320 THOMASWOOD DRIVE TALLAHASSEE, FL 32308

FILED Apr 23, 2007 08:00 All Secretary of State



04192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3159323

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDSEY, W. F. 1320 THOMASWOOD DR. TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

| TALLAHASSEE, FL 32308 | | IN THIS SPACE |
|---|--|---|
| 8. The above the obligat | named entity submits this statement for the purpose of changing its re- tions of registered agent. | gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| 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 \$900.0 | 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. | | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | GENERAL PARTNER INFORMATION LINDSEY, W F 1320 THOMASWOOD DR. TALLAHASSEE, FL 32308 | U00000727242 |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | THE STATE OF | 05/04/07-80039-019 580.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP | | DO NOT WRITE |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | · |
| DOCUMENT A | 1 | 4 |

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:

NAME STREET ADDRESS CHY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

40 20 07

Daylime Phone #