

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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

DOCUMENT # A93000001165

1. Entity Name
LUCILLA E. KEEN FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**130 EAST CENTRAL AVENUE
LAKE WALES, FL 33859-1079**

Mailing Address
**P.O. BOX 1079
LAKE WALES, FL 33859-1079**



01162007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3128851

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MYERS, CORNEAL B
130 EAST CENTRAL AVENUE
LAKE WALES, FL 33859-1079**

**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.

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
**KEEN, LUCILLA E
441 EAST TILLMAN AVENUE
LAKE WALES, FL 33853**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**KEEN WITTEN, MARY JO
2915 SARATOGA LANE
TUSCALOOSA, AL 35406**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/17/07-80040-006 500.00

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

SIGNATURE:

Lucilla E. Keen **LUCILLA E. KEEN**

4/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE