

500

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

**DOCUMENT # A93000001301**

1. Entity Name  
**DENNIS C. ROSS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**400 SOUTH BAY ST  
 BUNNELL, FL 32110**

Mailing Address  
**400 SOUTH BAY ST  
 BUNNELL, FL 32110**

2. Principal Place of Business - No P.O. Box #  
**800 N STATE ST**

3. Mailing Address  
**PO BOX 354768**

Suite, Apt. #, etc.

City & State  
**BUNNELL FL**

City & State  
**PALM COAST FL**

Zip  
**32110**

Country  
**US**

Zip  
**32135-4768**

Country  
**US**

FILED  
 07 APR 26 PM 3:43  
 FLORIDA STATE  
 TALLAHASSEE, FLORIDA



04112007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**59-3212786**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSS, DENNIS C  
 400 SOUTH BAY ST  
 BUNNELL, FL 32110**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**800 N STATE ST**

City **BUNNELL** FL Zip Code **32110**

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]* DATE **4/17/07**

**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 #	ROSS, DENNIS C
NAME	400 SOUTH BAY ST
STREET ADDRESS	BUNNELL, FL 32110
CITY-ST-ZIP	
DOCUMENT #	TRAUSNECK, PAMELA G
NAME	400 SOUTH BAY ST
STREET ADDRESS	BUNNELL, FL 32110
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<b>PO BOX 354768</b>
CITY-ST-ZIP	<b>PALM COAST FL 32135-4768</b>
STREET ADDRESS	<b>PO BOX 354768</b>
CITY-ST-ZIP	<b>PALM COAST FL 32135-4768</b>
STREET ADDRESS	<b>400103011394</b>
CITY-ST-ZIP	<b>05/22/07--01021--011 **\$600.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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]* DATE **4/17/07** 386 437-7007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE