


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

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

<b>DOCUMENT # A94000000531</b> 1. Entity Name CHAMBLISS, LLLP	
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Principal Place of Business 6550 NORTH FEDERAL HIGHWAY, SUTE 240 FORT LAUDERDALE, FL 33308	Mailing Address 6550 NORTH FEDERAL HIGHWAY, SUTE 240 FORT LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01292007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0477691	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CHAMBLISS, JOE A 6550 NORTH FEDERAL HIGHWAY, SUTE 240 FORT LAUDERDALE, FL 33308
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CHAMBLISS, JOE A	CITY - ST - ZIP	
STREET ADDRESS	201 NORTH WEST 127TH AVENUE		
CITY - ST - ZIP	PLANTATION, FL 33325		
DOCUMENT #	NAME	STREET ADDRESS	
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07/05/07-800007-024 500.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE