


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

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000000830</b> 1. Entity Name THE COLE FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 5490 PALMER BLVD SARASOTA, FL 34232	Mailing Address 1104 FONTAINE ROAD LEXINGTON, KY 40502
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0506983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MEDLOCK, SHIRLEY ANN 5940 PALMER BLVD. SARASOTA, FL 34232
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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**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 #	P98000055457
NAME	CFP CORP.
STREET ADDRESS	5490 PALMER BLVD
CITY-ST-ZIP	SARASOTA, FL 34232
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

U00000585623  
01/16/07-80020-003 500.00

**DO NOT WRITE IN THIS SPACE**

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<i>Charles D. Cole, President of CFP Corp., general partner of The Cole Family Limited Partnership</i> Date <i>1/8/07</i> Daytime Phone # <i>255-8581</i>
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