


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 5, 2007**

DOCUMENT # A94000000933			
1. Entity Name YOUNGBLOOD FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 440 N. DILLARD STREET WINTER GARDEN FL 34787		Mailing Address P.O. BOX 770454 WINTER GARDEN FL 34777	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

07 SEP 26 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E003 (4/07)

4. FEI Number 59-3259951		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

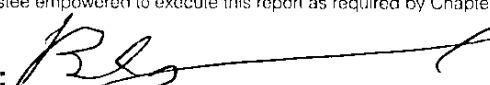
6. Name and Address of Current Registered Agent YOUNGBLOOD, B C 436 BUTLER AVE WINDERMERE FL 34786		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00. <input type="checkbox"/>	
File Now!!! Fee is \$900.00 • Due By September 5, 2007			

**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 #	YOUNGBLOOD, B C	STREET ADDRESS	
NAME	436 BUTLER AVE	CITY-ST-ZIP	
STREET ADDRESS	WINDERMERE FL 34786		
CITY-ST-ZIP			
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CITY-ST-ZIP			

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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 62C, Florida Statutes.	
SIGNATURE: 	9/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	
Daytime Phone #	

STAPLE CHECK HERE