


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A94000001016 1. Entity Name THE TRUNNELL FAMILY LIMITED PARTNERSHIP, L.L.P.					
Principal Place of Business 609 WARREN ROAD LUTZ FL 33548		Mailing Address 609 WARREN ROAD LUTZ FL 33548			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. # etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3258632	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. 1245 COURT STREET, SUITE 102 CLEARWATER FL 33756			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 title if applicable</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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 CITY ST ZIP	TRUNNELL, THOMAS N M.D. 609 WARREN ROAD LUTZ FL 34549		STREET ADDRESS CITY ST ZIP	1000000616653 02/07/07-80037-006 500.00	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	TRUNNELL, PATRICIA R 609 WARREN ROAD LUTZ FL 34549		STREET ADDRESS CITY ST ZIP		
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STAPLE CHECK HERE

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

PATRICIA R. TRUNNELL

SIGNATURE: *Patricia R. Trunnell* **1-26-07 813-949-3588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #