

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

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A94000001077**

1. Entity Name  
**A&M OF HENDRY COUNTY, LTD.**



Principal Place of Business  
**5430 PROCTOR ROAD  
SARASOTA, FL 34233**

Mailing Address  
**5430 PROCTOR ROAD  
SARASOTA, FL 34233**



01222007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0513119**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SILBERSTEIN, DAVID M  
720 SO. ORANGE AVE.  
SARASOTA, FL 34236**

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

U000000654471

03/12/07 00062-018-500.00

**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 # **P94000053150**  
NAME **A&M MANAGEMENT OF HENDRY COUNTY, INC.**  
STREET ADDRESS **5430 PROCTOR RD.**  
CITY-ST-ZIP **SARASOTA, FL 34233**

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**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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*John M. Albrighton, Pres.*  
**John M. Albrighton, Pres for  
A&M Management of Hendry County, Inc.**

**2/23/07 9419257155**

STAPLE CHECK HERE