

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A94000001111

FILED
Jan 29, 2007
Secretary of State

Entity Name: NOLA T. REYNOLDS TRUST FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

257 S.E. AVENUE E
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

46727 CORKSCREW BLVD.
PO BOX 8
LAKE HARBOR, FL 33459

New Mailing Address:

P. O. BOX 114
31 EAST CORKSCREW BLVD.
LAKE HARBOR, FL 33459

FEI Number: 65-0509761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANN, JAMES M
257 S.E. AVENUE E
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: WEEKS, MARTHA L.T. TRUSTEE

Address: P.O. BOX 8, 31 E. CORKSCREW BLVD.

City-St-Zip: LAKE HARBOR, FL 33459

ADDRESS CHANGES ONLY:

Address: P.O. BOX 157, 8 EAST CORKSCREW BLVD.

City-St-Zip: LAKE HARBOR, FL 33459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTHA L.T.WEEKS

TRUS

01/29/2007

Electronic Signature of Signing General Partner

Date