


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

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001514</b>			
1. Entity Name <b>TIMOSHENKO FAMILY PARTNERSHIP, LTD.</b>			
Principal Place of Business <b>3630 GULF OF MEXICO DRIVE #101-B LONGBOAT KEY FL 34228</b>		Mailing Address <b>12690 PLYMOUTH DRIVE SARATOGA CA 95070</b>	
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
4. FEI Number <b>65-0564969</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KUTCH, STEPHANIE T 3630 GULF OF MEXICO DR., #101B LONGBOAT KEY FL 34228-2830</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>KUTCH, STEPHANIE T 12690 PLYMOUTH DRIVE SARATOGA CA 95070</b>	STREET ADDRESS CITY-ST-ZIP	<b>000000636967 04/18/07-80022-005 500.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>TIMOSHENKO, JOHN A 3630 GULF OF MEXICO DRIVE, #101-B LONGBOAT KEY FL 34228</b>	STREET ADDRESS 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 620, Florida Statutes			
SIGNATURE: <u>Stephanie T. Kutch</u>		Date: <u>4/3/07</u> Daytime Phone #: <u>(408) 253-3331</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			



1st MOORE CR2E003 (10/06)

STAPLE CHECK HERE