

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A94000001572

1. Entity Name
POWERS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**5311 DRUM CASTLE PARKWAY
SARASOTA, FL 34238**

Mailing Address
**5311 DRUM CASTLE PARKWAY
SARASOTA, FL 34238**

FILED

2007 MAY 10 PM 11:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02272007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0540523

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POWERS, ARTHUR J
5311 DRUM CASTLE PARKWAY
SARASOTA, FL 34238**

**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**

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**POWERS, VIRGINIA I
719 W. MCGRAW
SEATTLE, WA 98119**

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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200103048122
05/23/07--01007--003 **500.00

**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: *Arthur J. Powers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/3/07
Date

Daytime Phone #

STAPLE CHECK HERE