


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 11 AM 9:58


SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A94000001630	
1. Entity Name MINNIX, LTD.	

Principal Place of Business 7485 S.W. 122ND STREET MIAMI, FL 33156	Mailing Address PO BOX 127 OCOEE, TN 37361
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

	
03062007	Chg-LP
CR2E003 (12/06)	
4. FEI Number 65-0536971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MINNIX, WILLIAM H 7485 S.W. 122ND STREET MIAMI, FL 33156	Name Richard A. Crisonino, Esquire
	Street Address (P.O. Box Number is Not Acceptable) 2534 S.W. 6 Street
	City Miami

FL	Zip Code 33135
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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: Richard A. Crisonino DATE: 3-7-07

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.

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P94000010546 MINNIX NURSERY, INC. 7485 S.W. 122ND STREET MIAMI, FL 33156	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	700097293477
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

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 empowering me to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: W.F. Minnix DATE: 3/21/07 DAYTIME PHONE # 423 715 0249