

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

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A94000001637**

1. Entity Name  
**FUTRAL INVESTMENTS, LTD.**



Principal Place of Business  
**11 E. H STREET  
FROSTPROOF, FL 33843**

Mailing Address  
**P.O. BOX 219  
FROSTPROOF, FL 33843-0219**



01102007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3241308**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**FUTRAL, WILLIAM J  
11 HIGHWAY 630 EAST  
FROSTPROOF, FL 33843**

**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  
**FUTRAL, ROBERT H TRUSTEE  
11 EAST H STREET  
FROSTPROOF, FL 33843**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**FUTRAL, ROBLEY J CO-TRUS  
11 EAST H STREET  
FROSTPROOF, FL 33843**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**FUTRAL, WILLIAM J CO-TRUS  
11 EAST H STREET  
FROSTPROOF, FL 33843**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000680510  
04/04/07-80001-015 500.00

**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:**

*W. J. Futral* POA

3/01/07

888-635-4590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE