

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

7006 0100 0001 3905 0640

FILED

**Feb 21, 2007 08:00 AM
Secretary of State**



DOCUMENT # A95000000081

1. Entity Name

THE BALL FAMILY PARTNERSHIP, LTD.

Principal Place of Business

702 NORTH RIDE
TALLAHASSEE FL 32303

Mailing Address

702 NORTH RIDE
TALLAHASSEE FL 32303

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

59-3246190

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

1st MOORE

CR2E003 (10/06)



6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

100000642738
02/01/07-80057-002 500.00
FL 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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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
	ETHRIDGE, FRANCES B	1366 WYNTER CREEK LANE	DUNWOODY GA 30338
	OSKING, NANCY B	1630 SEAWAY DRIVE, UNIT 203	FT. PIERCE FL 34949
	BALL, JAMES A III	702 NORTH RIDE	TALLAHASSEE FL 32303

13. ADDRESS CHANGES ONLY

STREET ADDRESS	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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

James A. Ball III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES A. BALL III

1/31/7 850-384-2521

Date

Daytime Phone #

STATE CHECK HERE