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

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

POST OFFICE BOX 52898

JACKSONVILLE, FL 32201-2898

## DOCUMENT # A95000000189 1. Entity Name THE 1995 NEWTON FAMILY LIMITED PARTNERSHIP, LLLP Principal Place of Business 200 W. FORSYTH ST., STE. 1600 JACKSONVILLE, FL 32202 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED

2007 APR 13 AM 10: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01092007 No Chg-LP

CR2E003 (12/06)

4.	FEI Number		Applied For
	59-3278171		Not Applicable
		_ \$8.75	Additional

5. Certificate of Status Desired

Fee Required

200 W. FC	RUSSELL BJR. 1100 RSYTH ST., STE. 1600 VILLE, FL 32202	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.  Russell B. Newton, III  3/29/67  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.				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION  L05000026285  NEWTON 05, LLC  200 W. FORSYTH STREET, SUITE 1600  JACKSONVILLE, FL 32202	400097230874 04/17/0701046015 **500.00		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		94/17/0701046015 **500.00		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT # NAME 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				