

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000000211

**Entity Name:** HAVERLOCK FAMILY, LTD.

**FILED**  
**Apr 02, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

309 SW 15TH ST.  
OKEECHOBEE, FL 34974 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 759  
OKEECHOBEE, FL 34973 US

**New Mailing Address:**

**FEI Number:** 59-3298405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAVERLOCK, FAYE A  
309 SW 15TH STREET  
OKEECHOBEE, FL 34974 US

**Name and Address of New Registered Agent:**

WILLIAMSON, JENNIFER L ESQ.  
555 COLORADO AVE.  
STUART, FL 34994 US

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.

SIGNATURE: JENNIFER L. WILLIAMSON

04/02/2007

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: HAVERLOCK, FAYE A TRUSTEE

Address: 309 SW 15TH ST.

City-St-Zip: OKEECHOBEE, FL 34974 US

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FAYE A. HAVERLOCK, TRUSTEE

04/02/2007

Electronic Signature of Signing General Partner

Date