


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

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # A95000000755	
1. Entity Name F&F FAMILY, LTD.	

Principal Place of Business 600 LAKE KATHRYN CIRCLE CASSELBERRY FL 32707	Mailing Address P.O. BOX 181278 CASSELBERRY FL 32718-1278
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3316910	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent FETTER, HILLIS R 600 LAKE KATHRYN CIRCLE CASSELBERRY FL 32707

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	FETTER, HILLIS R TRUSTEE	CITY- ST- ZIP	
CITY- ST- ZIP	600 LAKE KATHRYN CIRCLE CASSELBERRY FL 32707		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	FETTER, ESTIE H TRUSTEE	CITY- ST- ZIP	
CITY- ST- ZIP	600 LAKE KATHRYN CIRCLE CASSELBERRY FL 32707		
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DDS-4500453-1009068796
DEPOSIT ONLY 508.75
04/27/07--80059--001

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: *Hillis R Fetter* **HILLIS R FETTER** 4-12-07 407.695-1138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE