


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

FILED
Apr 02, 2007 08:00 AM
Secretary of State

| | | | |
|--|--|---|---|
| DOCUMENT # A95000001496 | |  | |
| 1. Entity Name THE GARBER FAMILY PARTNERSHIP, LTD. | | | |
| Principal Place of Business 775 TYLER DRIVE SARASOTA FL 34236 | | Mailing Address 775 TYLER DRIVE SARASOTA FL 34236 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-0616959 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GARBER, RUDOLPH C JR 775 TYLER DRIVE SARASOTA FL 34236 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | |
| 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 CITY-STATE-ZIP | GARBER, RUDOLPH C JR. 775 TYLER DRIVE SARASOTA FL 34236 | STREET ADDRESS CITY-STATE-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP | GARBER, JOCELYN F 775 TYLER DRIVE SARASOTA FL 34236 | STREET ADDRESS CITY-STATE-ZIP | U00000688318 04/10/07-80076-003 500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP | | STREET ADDRESS CITY-STATE-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP | | STREET ADDRESS CITY-STATE-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP | | STREET ADDRESS CITY-STATE-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP | | STREET ADDRESS CITY-STATE-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: <i>Jocelyn F. Garber</i> (JOCELYN F. GARBER) | | 3-29-07 941-388-1759 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date Daytime Phone # | |



1st MOORE CR2E003 (10/06)

STAPLE CHECK HERE