

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A95000002047

1. Entity Name
4B FINANCIAL SERVICES, LTD.



Principal Place of Business
**1601 MCCLOSKEY BOULEVARD
TAMPA, FL 33605**

Mailing Address
**1601 MCCLOSKEY BOULEVARD
TAMPA, FL 33605**



01092007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3355516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERTNOY, SIDNEY M ESQ.
NATIONSBANK TOWER AT INTERNATIONAL PLACE
100 S.E. 2ND STREET, 21ST FLOOR
MIAMI, FL 33131**

**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.

000000585740

01/16/07 6025 000 500.00

**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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME **BARKETT, HARRY J**
STREET ADDRESS **1601 MCCLOSKEY BLVD.**
CITY-ST-ZIP **TAMPA, FL 33605**

DOCUMENT #
NAME **BARKETT, ANTHONY J**
STREET ADDRESS **1601 MCCLOSKEY BLVD.**
CITY-ST-ZIP **TAMPA, FL 33605**

DOCUMENT #
NAME **BARKETT, RICHARD A**
STREET ADDRESS **1601 MCCLOSKEY BLVD.**
CITY-ST-ZIP **TAMPA, FL 33605**

DOCUMENT #
NAME **BARKETT, KENNETH D**
STREET ADDRESS **1601 MCCLOSKEY BLVD.**
CITY-ST-ZIP **TAMPA, FL 33605**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/9/07

813-248-1988

STAPLE CHECK HERE