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

**FILED**
**Jan 12, 2007 08:00 A**
**Secretary of State**

DOCUMENT # A95000002056

1. Entity Name
THE ALLEN C. WILLIAMS, SR. FAMILY LIMITED PARTNERSHIP

| Principal Place of Business | Mailing Address |
|---|---|
| 720 SOUTH "C" STREET<br>PENSACOLA, FL 32501 | 720 SOUTH "C" STREET<br>PENSACOLA, FL 32501 |

01102007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3351560
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WILLIAMS, ALLEN C SR.
720 SOUTH "C" STREET
PENSACOLA, FL 32501

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS $500.00**
**After May 1, 2007, Fee will be $900.00**

000000585750
01/16/07-80025-018 500.00

**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 | WILLIAMS, ALLEN C SR. |
| STREET ADDRESS | 720 SOUTH "C" STREET |
| CITY-ST-ZIP | PENSACOLA, FL 32501 |
| DOCUMENT # | |
| NAME | WILLIAMS, MARY E |
| STREET ADDRESS | 720 SOUTH "C" STREET |
| CITY-ST-ZIP | PENSACOLA, FL 32501 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:** Allen C Williams Sr 1-10-07 850-432-4192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #