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

DOCUMENT # A96000000041

GRADY STANFORD MAULDIN, JR. AND JOAN LEE MAULDING FAMILY LIMITED PARTNERSHIP



FILED Apr 04, 2007 08:00 Al Secretary of State

Principal Place of Business 97009 BLACKBEARDS WAY

YULEE, FL 32097

YULEE, FL 32097

Mailing Address 97009 BLACKBEARDS WAY YULEE, FL 32097



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03092007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 65-0643318 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

MAULDIN, GRADY S JR 97009 BLACKBEARDS WAY

DO NOT WRITE IN THIS SPACE

		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 trie if approache.		DATE	
		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.			
ľ	12. GENERAL PARTNER INFORMATION				
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	MAULDIN, GRADY S JR 97009 BLACKBEARDS WAY YULEE, FL 32097		U00000690020	
_	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MAULDIN, JOAN L 97009 BLACKBEARDS WAY YULEE, FL 32097		04/11/07-80058-013 500. 0	
STAPLE CHECK HERE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			OT WRITE	
	DOCUMENT / NAME STREET ADDRESS CITY-S1-ZIP		IN TH	HIS SPACE	
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				
	14. I hereby certify that the information supplied with this filling 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				