


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

DOCUMENT # A96000000225		
1. Entity Name SARAH E. MIDDLEBROOKS FAMILY LIMITED PARTNERSHIP		
Principal Place of Business 120 W 7TH AVE WINDERMERE FL 34786		Mailing Address P.O. BOX 732 WINDERMERE FL 34786

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 9:52



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

1st MOORE CR2E003 (10/06)

4. FEI Number 59-3356548	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	
MIDDLEBROOKS, SARAH E 6036 LEXINGTON PARK ORLANDO FL 32819	Name SARAH E. MIDDLEBROOKS
	Street Address 120 W. 7TH AVE.
	City WINDERMERE, FL 34786
	Zip Code FL 34786

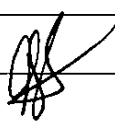
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sarah E. Middlebrooks
Signature, typed or printed name of registered agent next title if applicable

Feb 5, 2007
DATE

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 #	MIDDLEBROOKS, SARAH E	STREET ADDRESS	
NAME	120 W 7TH AVE	CITY-ST-ZIP	
STREET ADDRESS	WINDERMERE FL 34786		
DOCUMENT #		STREET ADDRESS	400088824544 02/20/07--01037--012 **500.00
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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: SARAH E. MIDDLEBROOKS
Sarah E. Middlebrooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Feb 5, 2007 407-876-3152
Date Daytime Phone *

STAPLE CHECK HERE