


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JUN 15 PM 12:09

DOCUMENT # A96000000669		
1. Entity Name THE CONERBY FAMILY PARTNERSHIP, LTD.		

Principal Place of Business 798 LYTHAM CIRCLE OSPREY, FL 34229	Mailing Address 798 LYTHAM CIRCLE OSPREY, FL 34229
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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



05082007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0659633	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WATSON, DAVID S 240 SOUTH PINEAPPLE AVE., NINTH FLOOR SARASOTA, FL 34236		Name <u>MURRAY CONERBY</u> Street Address (P.O. Box Number is Not Acceptable) <u>798 LYTHAM CIRCLE</u> City <u>OSPREY</u> FL <u>34229</u>	

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 Glenn Harper, CPA DATE 5/8/07

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	P96000030378	STREET ADDRESS	
NAME	E. LEE CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	798 LYTHAM CIRCLE	STREET ADDRESS	<u>600104435256</u>
CITY-ST-ZIP	OSPREY, FL 34229	CITY-ST-ZIP	<u>06/15/07--01000--025 **500.00</u>
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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: Glenn Harper, CPA DATE 5/8/07 DAYTIME PHONE # 614-488-0061

STAPLE CHECK HERE