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

DOCUMENT # A9600000712

1. Entity Name

THE REID FAMILY PARTNERSHIP, LTD.



FILED Apr 09, 2007 08:00 A Secretary of State

Principal Place of Business

901 NW 4TH STREET Jasper, Fl. 32052 Maiting Address

PO BOX 71

JASPER, FL 32052



DO NOT WRITE IN THIS SPACE

04042007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3363528 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REID, JAMES HARRELL 901 N.W. 4TH ST. JASPER, FL 32052

SIGNATURE:

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 title if applicable. DATE		
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00		U00000696652 04/18/07-80002-023 580.00
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#	M99000001688	
NAME	REID FAMILY GP, LLC	
STREET ADDRESS	901 NW 4TH ST.	
CTTY-ST-ZIP	JASPER, FL 32052	
DOCUMENT #		
KAME		
STREET ADDRESS City-St-Zip		
DOCUMENT #		
NAME Street address		DO NOT WRITE
City-St-ZIP		DO NOT WINTE
****		IN THIS SPACE
DOCUMENT#		
STREET ADDRESS		
CATY-ST-70P		
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NAME.		
STREET ADDRESS		
CITY-ST-ZDP		
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 ceth; 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 "James" Harrell Reicl Groups 1		
		\ \ \ \(\mathreal{1}\mathreal{2}\)\ \(\mathreal{1}\)\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\