

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

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000001208 1. Entity Name LEONARD FARMS LIMITED	
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Principal Place of Business P.O. BOX 368 BLOUNTSTOWN FL 32424	Mailing Address P.O. BOX 368 BLOUNTSTOWN FL 32424
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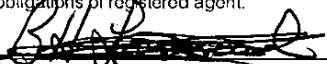

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 59-3404699	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	
LEONARD, BURKE H 1701 SOUTH PEAR STREET BLOUNTSTOWN FL 32424	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 

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 #	NAME	STREET ADDRESS	
NAME	LEONARD, BURKE H	CITY-ST-ZIP	
STREET ADDRESS	1701 SOUTH PEAR STREET		
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LEONARD, JOSEPH H	CITY-ST-ZIP	
STREET ADDRESS	1526 S. MAIN, BOX 595		
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LEONARD, MICHAEL W	CITY-ST-ZIP	
STREET ADDRESS	ROUTE 1, BOX 188		
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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02/02/07-80083-007 500.00

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: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE