

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000001245

FILED  
Apr 09, 2007  
Secretary of State

**Entity Name:** KLEIN FAMILY LIMITED PARTNERSHIP I

**Current Principal Place of Business:**

9508 AQUA LANE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

9508 AQUA LANE  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 59-3416567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLEIN, WILLIAM C  
9508 AQUA LANE  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: KLEIN, WILLIAM C TRUSTEE

Address: 9508 AQUA LANE

City-St-Zip: ODESSA, FL 33556

Document #:

Name: KLEIN, VIRGINIA A TRUSTEE

Address: 9508 AQUA LANE

City-St-Zip: ODESSA, FL 33556

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM C. KLEIN

\_\_\_\_\_ Electronic Signature of Signing General Partner

04/09/2007

\_\_\_\_\_ Date