

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

**DOCUMENT # A96000001276**

1. Entity Name  
**THE ALFRED E. KAYWORTH FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**3577 RED CLOUD TRAIL  
ST. AUGUSTINE, FL 32086**

Mailing Address  
**3577 RED CLOUD TRAIL  
ST. AUGUSTINE, FL 32086**

**DO NOT WRITE IN THIS SPACE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -2 AM 10:50



01092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0692364**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KAYWORTH, ALFRED E  
2496 FAWN DRIVE  
LOXAHATCHEE, FL 33470**

**DO NOT WRITE  
IN THIS SPACE**

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

*Alfred E. Kayworth*  
Signature, typed or printed name of registered agent and title if applicable

*Alfred Kayworth* 1/8/07  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KAYWORTH, ALFRED E  
2496 FAWN DRIVE  
LOXAHATCHEE, FL 33470**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**KAYWORTH, ANDREW E  
3577 RED CLOUD TRAIL  
ST. AUGUSTINE, FL 32086**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200087873252  
02/09/07--01045--016 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Andrew E. Kayworth*  
Andrew E. Kayworth

Date

Daytime Phone #

1/8/07 904 829-8422

STAPLE CHECK HERE