

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

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A96000001340**

1. Entity Name

**D. JOAN MCWILLIAMS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business

**517 N. HARBOR CITY BLVD #B  
MELBOURNE, FL 32935**

Mailing Address

**517 N. HARBOR CITY BLVD #B  
MELBOURNE, FL 32935**



01262007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3392450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

8. Name and Address of Current Registered Agent

**MCWILLIAMS, D. JOAN  
517 HARBOR CITY BLVD #B  
MELBOURNE, FL 32935**

**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

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**

000000694609  
04/17/07-80026-011 500.00

**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

**MCWILLIAMS, D. JOAN**

STREET ADDRESS

**517 N. HARBOR CITY BLVD #B**

CITY-ST-ZIP

**MELBOURNE, FL 32935**

DOCUMENT #

NAME

**MCWILLIAMS, DAVID T**

STREET ADDRESS

**517 N. HARBOR CITY BLVD #B**

CITY-ST-ZIP

**MELBOURNE, FL 32935**

DOCUMENT #

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STREET ADDRESS

CITY-ST-ZIP

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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:**

*David T. McWilliams*  
**DAVID T. MCWILLIAMS**

**4/4/07**

Date

**321-255-5156**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE