


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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

DOCUMENT # A96000001341 1. Entity Name DAVID T. MCWILLIAMS FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 517 N. HARBOR CITY BLVD #B MELBOURNE, FL 32935	Mailing Address 517 N. HARBOR CITY BLVD #B MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE



01262007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3392451	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCWILLIAMS, DAVID T 517 N. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U00000692374

04/13/07 00048 013 500.00

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 #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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**

4/4/07

321-255-5156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #