

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

DOCUMENT # A96000001490

1. Entity Name

COUNCIL LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:57

Principal Place of Business Mailing Address
5767 LAFRANCE ROAD 5767 LAFRANCE ROAD
TALLAHASSEE FL ~~32310~~-9108 TALLAHASSEE FL ~~32310~~-9108
32305 32305



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 **59-3398958** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COUNCIL, EDMOND C SR.
5767 LAFRANCE ROAD
TALLAHASSEE FL ~~32310~~-9108
32305**

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

Signature, typed or printed name of registered agent, and title if applicable

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 #		STREET ADDRESS	
NAME	COUNCIL, EDMOND C SR.	CITY ST ZIP	
STREET ADDRESS	5767 LAFRANCE ROAD		
CITY ST ZIP	TALLAHASSEE FL 32310 -9108		
	32305		
DOCUMENT #		STREET ADDRESS	
NAME	COUNCIL, WINNIE P	CITY ST ZIP	
STREET ADDRESS	5767 LAFRANCE ROAD		
CITY ST ZIP	TALLAHASSEE FL 32310 -9108		
	32305		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY ST ZIP			

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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:

Winnie P. Council
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAN 30 2007 850/877-3487
Date Daytime Phone #

STAPLE CHECK HERE