


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

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001505</b>		
1. Entity Name <b>THE V. RAYMOND HULLINGER FAMILY LIMITED PARTNERSHIP</b>		
Principal Place of Business <b>5003 COMMONWEALTH C/O V.R. HULLINGER PALMETTO FL 34221</b>	Mailing Address <b>5003 COMMONWEALTH C/O V.R. HULLINGER PALMETTO FL 34221</b>	



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 <b>65-0696293</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HULLINGER, V. RAYMOND 5003 COMMONWEALTH, BAY COLONY PALMETTO FL 34221</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 #	G06280	STREET ADDRESS	
NAME	WAGON WHEEL 88 RANCH, INC.	CITY-ST-ZIP	
STREET ADDRESS	535 13TH STREET WEST		
CITY-ST-ZIP	BRADENTON FL 34205		
DOCUMENT #		STREET ADDRESS	000000624401
NAME		CITY-ST-ZIP	02/14/07-80030-013 500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:

*V. Raymond Hullinger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/30/07*

Date

Daytime Phone #

STAPLE CHECK HERE