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

## DOCUMENT # A96000001926

1. Entity Name

SNYDER FAMILY LIMITED PARTNERSHIP



Principal Place of Business

Mailing Address

4390 S.W. THISTLE TERRACE PALM CITY, FL 34990 4390 S.W. THISTLE TERRACE PALM CITY, FL 34990

## FILED Apr 30, 2007 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

04282007 No Chg-LP CR

CR2E003 (12/06)

4. FEI Number 65-0691868 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, RICHARD H 4390 S.W. THISTLE TERRACE PALM CITY, FL 34990 DO NOT WRITE
IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent.</li></ol>	n the State of Florida. I am familiar with, and accept
SIGNATURE  Signature, typed or primed name of registered agent and time if applicable.	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.

GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME PASKO, PATRICIA J STREET ADDRESS 6594 S TWP RD 17 CITY-ST-ZIP **TIFFIN, OH 44883** DOCUMENT # SNYDER, RICHARD H NAME STREET ADDRESS 4390 S.W. THISTLE TERRACE CITY-ST-ZIP PALM CITY, FL 34990 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

\_\_\_U00000748115 05/17/07=800\$1=016\500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

표표

NAME
STREET ADDRESS
CITY-ST-ZIP

STAPLE

CITY-ST-ZIP DOCUMENT #

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #