

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

**FILED**

**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000001975**

1. Entity Name  
**THE INK FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**1625 SILVERWOOD COURT  
NORTH FT. MYERS, FL 33903**

Mailing Address  
**1625 SILVERWOOD COURT  
NORTH FT. MYERS, FL 33903**



01082007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0689257**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**INK, STANLEY K  
1625 SILVERWOOD COURT  
NORTH FT. MYERS, FL 33903**

**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**

**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	<b>INK, STANLEY K</b>
STREET ADDRESS	<b>1625 SILVERWOOD COURT</b>
CITY-ST-ZIP	<b>NORTH FT. MYERS, FL 33903</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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UN00000589421  
01/18/07-80015-018 500.00

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**STANLEY K. INK**

**JAN 11, 2007**

Daytime Phone #

**239 995 2442**

STAPLE CHECK HERE