

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A96000002002 1. Entity Name STREIFF FAMILY LIMITED PARTNERSHIP	
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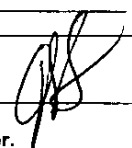
Principal Place of Business 7 CROWNHILL CHESTERFIELD, MO 63005	Mailing Address 7 CROWNHILL CHESTERFIELD, MO 63005
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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.

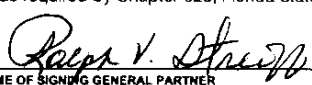
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.	

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREIFF, RALPH V TRUSTEE 7 CROWNHILL CHESTERFIELD, MO 63005
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREIFF, VERA J TRUSTEE 7 CROWNHILL CHESTERFIELD, MO 63005
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREIFF, RALPH V TRUSTEE 7 CROWNHILL CHESTERFIELD, MO 63005
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREIFF, VERA J TRUSTEE 7 CROWNHILL CHESTERFIELD, MO 63005
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

100101349051
05/03/07--01013--015 **\$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: RALPH V. STREIFF  **4/5/07** **1434) 327-0457**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

2007 APR 23 AM 11:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04022007 No Chg-LP CR2E003 (12/06)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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STAPLE CHECK HERE