## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED**

|   | Due By M   | Apr 10, 200/ 08:00                                      |  |   |                      |                |                        |  |
|---|--|---|--|---|----------------------|----------------|------------------------|--|
| 1. Entity Nam                                 | MENT # A9600002 FAMILY LIMITED PARTNE                                  |   |  |   | - ;                  | Secre          | tary of Sta            |  |
| TEORES  |  |   |  |   |                      |                |                        |  |
| Principal Place<br>342 EAGLE I<br>JUPITER, FL |  | Mailing Address<br>342 EAGLE DRIVE<br>JUPITER, FL 33477 |  |   |                      |                | #\$    T##    A  #     |  |
|   |  |   | - The state of the |   |                      |                |                        |  |
| C   | O NOT WRITE  | CE  |  |   |                      |                |                        |  |
|   |  |   |  | 65-0704615 Not Applicable  5. Certificate of Status Desired \$8.75 Additional |                      |                |                        |  |
|   | 6. Name and Address of Current   | Registered Agent  |  | J. Certificate of   |                      | ☐ Fee          | Required               |  |
| YECKES,                                       |  |   | DO N   | OT W  | RITE                 |                |                        |  |
| 342 EAGLE DRIVE<br>JUPITER, FL 33477          |  |   |  | IN THIS SPACE   |                      |                |                        |  |
|   |  |   |  |   |                      |                |                        |  |
|   | a named entity submits this statement fo<br>tions of registered agent. | r the purpose of changing its registe                   | ered office or register  | red agent, or both, i   | in the State of Flor | rida. I am fam | iliar with, and accept |  |
| SIGNATURE                                     | Signature, typed or printed name of registered agent a                 | and title if applicable                                 |  |   |                      | DATE           |                        |  |
|   |  | VIII FEE IS \$500.00<br>007, Fee will be \$900.00       |  |   |                      |                |                        |  |
|   |  | HAT IS A BUSINESS ENTITY<br>Y NOT be changed on the for |  |   |                      |                | er.                    |  |
| 12.   | GENERAL PARTNER  | RINFORMATION  |  |   |                      |                |                        |  |
| DOCUMENT ≠<br>NAME                            | YECKES, JOYCE  |   |  |   |                      |                |                        |  |
| STREET ADDRESS<br>CITY-ST-ZIP                 | 342 EAGLE DRIVE  |   |  |   | Hññ                  | 0006983        | 100                    |  |
| DOCUMENT #                                    | JUPITER, FL 33477  |   |  |   |                      |                | 77–013 500.do          |  |
| NAME<br>STREET ADDRESS                        |  |   |  |   |                      |                |                        |  |
| CITY-ST-ZIP<br>DOCUMENT #                     |  |   |  |   |                      |                | İ                      |  |
| NAME  |  |   |  | DO 11   | OT 14/5              | - 1 min han    |                        |  |
| STREET ADDRESS<br>CITY-ST-ZIP                 |  |   |  |   | OT WE                | —              |                        |  |
| DOCUMENT #                                    |  |   |  | IN TH   | IIS SPA              | <b>ACE</b>     |                        |  |
| NAME<br>STREET ADDRESS                        |  |   |  |   | •                    |                |                        |  |
| CITY-ST-ZIP                                   |  |   |  |   |                      |                |                        |  |
| DOCUMENT #<br>NAME                            |  | ]   |  |   |                      |                |                        |  |
| STREET ADDRESS                                |  |   |  |   |                      |                |                        |  |
| CITY+ST+ZIP<br>DOCUMENT #                     |  |   |  |   |                      |                |                        |  |
|   | 1  | 2   |  |   |                      |                | 1                      |  |

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 employee to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

0 Date

Daytime Phone #