


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

**FILED  
Jan 29, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # A96000002158</b>	
1. Entity Name <b>SANSING FAMILY PARTNERSHIP, LTD.</b>	

Principal Place of Business <b>4875 MANOLETE ST. PENSACOLA, FL 32504</b>	Mailing Address <b>4875 MANOLETE ST. PENSACOLA, FL 32504</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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01172007 Chg-LP CR2E003 (12/06)

City & State	City & State
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4. FEI Number <b>59-3418211</b>	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>SANSING, ROBERT C 4875 MANOLETE ST. PENSACOLA, FL 32504</b>

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file 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	<b>SANSING, ROBERT C</b>
STREET ADDRESS	<b>4875 MANOLETE ST.</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>
DOCUMENT #	
NAME	<b>SANSING, PEGGY L</b>
STREET ADDRESS	<b>4875 MANOLETE ST.</b>
CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>U000000606534</b>
CITY-ST-ZIP	<b>01/31/07-88001-007 500.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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:** *Robert C. Sansing* Robert C. Sansing ✓ *1-19-07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #