

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

**FILED**

2007 MAR -5 AM 10: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02062007 Chg-LP CR2E003 (12/06)

|   |         |  |         |                                       |
|---|---------|--|---------|---------------------------------------|
| <b>DOCUMENT # A96000002247</b>  |         |  |         |                                       |
| 1. Entity Name<br>LANDRUM FAMILY PARTNERSHIP, LTD.                        |         |  |         |                                       |
| Principal Place of Business<br>6723 PLANTATION RD.<br>PENSACOLA, FL 32504 |         | Mailing Address<br>PO BOX 15698<br>PENSACOLA, FL 32514 |         |                                       |
| 2. Principal Place of Business - No P.O. Box #                            |         | 3. Mailing Address                                     |         |                                       |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.                                    |         |                                       |
| City & State  |         | City & State   |         |                                       |
| Zip   | Country | Zip  | Country | 4. FEI Number<br><b>59-3421930</b>    |
| 5. Certificate of Status Desired <input type="checkbox"/>                 |         |  |         | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                 |         |  |         | <b>\$8.75</b> Additional Fee Required |

|   |  |  |          |  |
|---|--|--|----------|--|
| <b>6. Name and Address of Current Registered Agent</b>                |  | <b>7. Name and Address of New Registered Agent</b> |          |  |
| LANDRUM, H. BRITTON JR.<br>4050 BEDEVERE DRIVE<br>PENSACOLA, FL 32504 |  | Name   |          |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |  |
|   |  | City   |          |  |
|   |  | FL   | 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 firm 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 |                     | 13. ADDRESS CHANGES ONLY |                               |
|---------------------------------|---------------------|--------------------------|-------------------------------|
| DOCUMENT #                      | L03000025075        | STREET ADDRESS           |                               |
| NAME                            | B & N, LLC          | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  | 6723 PLANTATION RD. | STREET ADDRESS           | 400092354474                  |
| CITY-ST-ZIP                     | PENSACOLA, FL 32504 | CITY-ST-ZIP              |                               |
| DOCUMENT #                      |                     | STREET ADDRESS           | 03/13/07--01025--012 **500.00 |
| NAME                            |                     | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                     | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                     | CITY-ST-ZIP              |                               |
| DOCUMENT #                      |                     | STREET ADDRESS           |                               |
| NAME                            |                     | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                     | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                     | CITY-ST-ZIP              |                               |
| DOCUMENT #                      |                     | STREET ADDRESS           |                               |
| NAME                            |                     | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                     | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                     | CITY-ST-ZIP              |                               |

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:** **H. Britton Landrum, Jr.** 2/12/07 -  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Davina Phone #

STAPLE CHECK HERE