

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

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000002276**

1. Entity Name  
**SAUNDERS FAMILY LIMITED PARTNERSHIP, LLLP**



Principal Place of Business  
**100 S. WASHINGTON BLVD.  
SARASOTA, FL 34236**

Mailing Address  
**100 S. WASHINGTON BLVD.  
SARASOTA, FL 34236**



01232007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0715733**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**REES, PAULA  
100 S. WASHINGTON BLVD.  
SARASOTA, FL 34236**

**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

**01.23.07**

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 # **L03000001606**  
NAME **SAUNDERS FAMILY ASSET MANAGEMENT, LLC**  
STREET ADDRESS **100 S. WASHINGTON BOULEVARD**  
CITY-ST-ZIP **SARASOTA, FL 34236**

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**U00000711302  
04/25/07-80077-022 500.00**

**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: **Michael Saunders**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**01.23.07**

Date

**941-983-7900**

Daytime Phone #

STAPLE CHECK HERE