


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

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002340</b> 1. Entity Name <b>THE GEYER FAMILY LIMITED PARTNERSHIP</b>	
-------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>1800 BAY ROAD SARASOTA, FL 34239</b>	Mailing Address <b>1800 BAY ROAD SARASOTA, FL 34239</b>
----------------------------------------------------------------------------	----------------------------------------------------------------



01292007 No Chg-LP

CR2E003 (12/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0711046</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent  <b>MCLAUGHLIN, THOMAS J 200 S. ORANGE AVE SARASOTA, FL 34236</b>
---------------------------------------------------------------------------------------------------------------------------------

**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 \_\_\_\_\_ DATE 02/07/07  
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 #	P96000091304
NAME	MISSION OF SARASOTA, INC.
STREET ADDRESS	1220 N. LAKESHORE DR.
CITY-ST-ZIP	SARASOTA, FL 34231
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 W. Geyer, Mgr. **1/29/2007** **941-366-7800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #