


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**May 09, 2007 08:00**  
**Secretary of State**

DOCUMENT # A96000002341 1. Entity Name THE STOTTEMYER FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1249 STRINGFIELD AVENUE SARASOTA, FL 34237	Mailing Address 1249 STRINGFIELD AVENUE SARASOTA, FL 34237
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DO NOT WRITE IN THIS SPACE



05082007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0720816	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MCGINNESS, W. LEE 1800 SECOND STREET SUITE 971 SARASOTA, FL 34236
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 STREET ADDRESS CITY - ST - ZIP	P96000099696 VOLUNTEER OF SARASOTA, INC. 1249 STRINGFIELD AVENUE SARASOTA, FL 34237
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U00000763063  
05/29/07-80039-009 500.00

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

STAPLE CHECK HERE

SIGNATURE: <i>David Stottmyer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date: 5-8-07	Daytime Phone #: 941-955-8343
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