


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

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002356</b> 1. Entity Name <b>MAY AND WHITAKER FAMILY PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>37315 STATE ROAD 19 UMATILLA, FL 32784</b>	Mailing Address <b>P.O. BOX 2267 UMATILLA, FL 32784</b>
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01152007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3439646</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WHITAKER, BETTE M 13401 FISH CAMP ROAD GRAND ISLAND, FL 32735</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 #	
NAME	<b>WHITAKER, JOHN B TRUSTEE</b>
STREET ADDRESS	<b>P.O. BOX 350355</b>
CITY-ST-ZIP	<b>GRAND ISLAND, FL 32735</b>
DOCUMENT #	
NAME	<b>WHITAKER, BETTE M TRUSTEE</b>
STREET ADDRESS	<b>P.O. BOX 350355</b>
CITY-ST-ZIP	<b>GRAND ISLAND, FL 32735</b>
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01/24/07-80059-005 500.00

**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:** John B. Whitaker 1/18/07 352-516-6916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE