


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

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002435</b> 1. Entity Name <b>SARA SMITH FAMILY PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>6805 GREENFERN LANE JACKSONVILLE, FL 32277</b>	Mailing Address <b>349 FLEMING FOREST LANE ORANGE PARK, FL 32073-8218</b>
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04052007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3415781</b>	Applied For 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>GRAMM, JOANN LEIGH 12276 SAN JOSE BLVD., SUITE 126 JACKSONVILLE, FL 32223-3630</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 #	P96000101689
NAME	SMITH PARTNERS, INC.
STREET ADDRESS	6805 GREENFERN LN.
CITY-ST-ZIP	JACKSONVILLE, FL 32277
DOCUMENT #	
NAME	
STREET ADDRESS	
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U000000730734  
05/08/07-80092-012 500.00

**DO NOT WRITE  
IN THIS SPACE**

U000000706449  
04/24/07-80092-020 508.75

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:** *Sara L Smith* **SARA L. SMITH** **4/1/07** **(904) 269-4811**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE