

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

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000002479**

1. Entity Name  
**WHEELOCK FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**38567 US HWY 19 N  
PALM HARBOR, FL 34684**

Mailing Address  
**P.O. BOX 1925  
TARPON SPRINGS, FL 34688**



03292007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3419107</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**

**GORDON, BRUCE H  
C/O SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD., STE. 2800  
TAMPA, FL 33602**

**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**

U00000692377  
04/13/07-80048-014 500.00

**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>WHEELOCK, GARY K</b>
STREET ADDRESS	<b>P.O. BOX 1925</b>
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34688</b>
DOCUMENT #	
NAME	<b>WHEELOCK, NANCY J</b>
STREET ADDRESS	<b>P.O. BOX 1925</b>
CITY-ST-ZIP	<b>TARPON SPRINGS, FL 34688</b>
DOCUMENT #	
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CITY-ST-ZIP	

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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: Gary K. Wheelock Gary K. Wheelock

4/4/07 727 937 2727  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE