


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A97000000114 1. Entity Name C & L FAMILY LIMITED PARTNERSHIP					
Principal Place of Business % JOYCE ALEXANDER 17 FOREST RD. MADISON NJ 07940		Mailing Address % JOYCE ALEXANDER 17 FOREST RD. MADISON NJ 07940			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0717690 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E003 (10/06)	
6. Name and Address of Current Registered Agent GRIFFIN, LINDA S 1455 COURT STREET CLEARWATER FL 34616			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	19 Orinco	
STREET ADDRESS	NEWFIELD, CHARLES C JR.		CITY ST-ZIP	Port St. Lucie, Fla. 34952	
CITY-ST-ZIP	P.O. BOX 8731 N/A PORT ST. LUCIE FL 34985		STREET ADDRESS	19 Orinco	
DOCUMENT #	NAME		CITY-ST-ZIP	Port St. Lucie, Fla. 34952	
STREET ADDRESS	NEWFIELD, LOIS E		STREET ADDRESS	400092353144	
CITY-ST-ZIP	P.O. BOX 8731 N/A PORT ST. LUCIE FL 34985		CITY-ST-ZIP	03/13/07--01023--019 **500.00	
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

STAPLE ON 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: Charles C. Newfield Jr. 2-23-07 772-335-7597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
CHARLES C. NEWFIELD JR.

FILED

2007 MAR -5 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

