

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

DOCUMENT # A97000000136

1. Entity Name

THE DEES-GROSE FAMILY PARTNERSHIP, LTD.



FILED

2007 MAR 27 AM 9:19



Principal Place of Business

Mailing Address

1615 17TH ST. WEST  
PALMETTO FL 34221

P.O. BOX 1130  
ARCADIA FL 34265

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4512 17th St, West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALMETTO FL

Zip

Country

Zip

Country

34221

4. FEI Number

65-0717860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEES, JOHN R  
4512 17TH ST WEST  
PALMETTO FL 34221

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 # P97000108099  
NAME DEES-GROSE RANCH & GROVES, INC.  
STREET ADDRESS 4512 17TH ST WEST  
CITY- ST- ZIP PALMETTO FL 34221

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
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CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JOHN R. DEES Pres. 2/28/07

Date

Daytime Phone #

863

990-9517

STAPLE CHECK HERE