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

FILED
Feb 14, 2007 08:00 A
Secretary of State

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1. Entity Name

DALE A. SUTTHOFF FAMILY LIMITED PARTNERSHIP



Principal Place of Business 925 WINIFRED WAY E LADY LAKE, FL 32162 Mailing Address

925 WINIFRED WAY E LADY LAKE, FL 32162



## DO NOT WRITE IN THIS SPACE

01182007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3437183

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTTHOFF, DALE A 925 WINIFRED WAY LADY LAKE, FL 32162-1622

## DO NOT WRITE IN THIS SPACE

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8. The above the obliga	e named entity submits this statement for the purpose of changing its tions of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE						
	Sign@ture, typed or printed name of registered agent and site if applicable.	DATE				
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900	0.00				
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					
DDCUMENT#						
NAME	SUTTHOFF, DALE A					
STREET ADDRESS	925 WINIFRED WAY					
CITY-ST-ZIP	THE VILLAGES, FL 321621622					
DOCUMENT #						
NAMŁ		U00000636480 02/26/07-80019-013 500.00				
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CITY-ST-ZIP		i l				
DOCUMENT #		<b>-1</b>				
NAME						
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NAME		INT THIS OF AGE				
SHREET ADDRESS						
CITY-ST-ZIP						
DOCUMENT #						

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:

EEEEE

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT \*
NAME
STREET ADDRESS
CITY-ST-ZIP

STAPLE CHECK

SIGNATURE AND TYPED OF PRINTED NAME OF STORING OF

x 2.12-07

Date

Daytime Phone #