


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

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A9700000584**

1. Entity Name  
**PATTON-PITOCHELLI FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**



Principal Place of Business 4224 MORENA LANE JACKSONVILLE, FL 32207	Mailing Address 4224 MORENA LANE JACKSONVILLE, FL 32207
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3436126	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATTON, MARY C**  
**4224 MORENA LANE**  
**JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is not acceptable)  
 City  
 FL Zip Code

**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 true 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 #	
NAME	PATTON, MARY CARR TRUSTEE
STREET ADDRESS	4224 MORENA LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
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STREET ADDRESS  
 CITY-ST-ZIP

U00000673057  
 03/29/07-80010-024 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK 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:** Mary Carr Patton **3-16-07** **904-662-7576**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #