


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

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000000684			
1. Entity Name THE GADSDEN FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 14 SANDY POINTE LAKESIDE VILLAGE LAKE PLACID FL 33852		Mailing Address 14 SANDY POINTE LAKESIDE VILLAGE LAKE PLACID FL 33852	
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 65-0805433		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GADSDEN MANAGEMENT, INC. 14 SANDY POINTE LAKESIDE VILLAGE LAKE PLACID FL 33852		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 CITY - ST - ZIP	P97000019916 GADSDEN MANAGEMENT, INC. 14 SANDY POINTE, LAKESIDE VILLAGE LAKE PLACID FL 33852	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GADSDEN, CAROL C 14 SANDY POINTE, LAKESIDE VILLAGE LAKE PLACID FL 33852	STREET ADDRESS CITY - ST - ZIP	U000000673638 03/29/07-80038-003 500.00
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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: <u>Carol C. Gadsden</u> <u>Carol C. Gadsden</u> <u>March 17, 2007</u> <u>(863) 465-7400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			

STAPLE CHECK HERE