

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000000768

**FILED**  
**Jun 18, 2007**  
**Secretary of State**

**Entity Name:** STUMP FAMILY PARTNERSHIP, LTD.

**Current Principal Place of Business:**

1199 BESSENT ROAD  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13445  
TALLAHASSEE, FL 323173446

**New Mailing Address:**

**FEI Number:** 59-3439175      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

THOMSON, W. FREDERICK  
812 GREENBRIER LANE  
TALLAHASSEE, FL 32308      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: STUMP, LILLIAN  
Address: 812 GREENBRIER LANE  
City-St-Zip: TALLAHASSEE, FL 32308

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: W. FREDERICK THOMSON

MR.

06/18/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date