

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR -9 AM 9:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01222007 No Chg-LP CR2E003 (12/06)

4. FEI Number **59-3441204** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DOCUMENT # A97000000823

1. Entity Name
RISSMAN FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**10833 BAYSHORE DRIVE
WINDERMERE, FL 34786**

Mailing Address
**10833 BAYSHORE DRIVE
WINDERMERE, FL 34786**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RISSMAN CORP.
10833 BAYSHORE DRIVE
WINDERMERE, FL 34786**

**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 _____

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

DATE _____

**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 # **P97000033438**
NAME **RISSMAN CORP.**
STREET ADDRESS **10833 BAYSHORE DRIVE**
CITY-ST-ZIP **WINDERMERE, FL 34786**

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200092641832
03/14/07--01042--024 **500.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

STAPLE CHECK HERE