

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000000849

1. Entity Name
ALF LTD.



FILED

07 FEB 26 AM 9:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**11311 SW 95 CIRCLE
OCALA, FL 34481**

Mailing Address
**125 N.E. FIRST AVENUE, SUITE 1
OCALA, FL 34470**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

11311 SW 95 CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162007 Chg-LP CR2E003 (12/06)

City & State

City & State
OCALA FL

4. FEI Number
65-0760303

Applied For
Not Applicable

Zip

Country

Zip
34481

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAINES, TIM D
125 N.E. FIRST AVENUE, SUITE 1
OCALA, FL 34470**

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L96000000548**
NAME **CARRIAGE HOUSE OF OCALA, L.C.**
STREET ADDRESS **11311 SW 95 CIRCLE**
CITY-ST-ZIP **OCALA, FL 34481**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**600089611246
02/27/07--01056--005 **500.00**

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 #

ARTHUR RADICE

2/20/07

352-208-3150

STAPLE CHECK HERE