


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

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000904</b> 1. Entity Name <b>DOXEY FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>4565 PILGRIM TRAIL</b> <b>PENSACOLA, FL 32577</b>	Mailing Address <b>900 N 12TH AVE</b> <b>PENSACOLA, FL 32501</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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03312007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3440372</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> <b>DOXEY, NORMA JEAN</b> <b>4565 PILGRAM TRAIL</b> <b>MOLINO, FL 32577</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**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 # NAME STREET ADDRESS CITY-ST-ZIP <b>DOXEY, NORMA JEAN</b> <b>4565 PILGRAM TRAIL</b> <b>MOLINO, FL 32577</b>	STREET ADDRESS CITY-ST-ZIP
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 04/26/07-80063-021 500.00

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

<b>SIGNATURE:</b> <i>Norma J. Doxey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date _____ Daytime Phone # _____
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STAPLE CHECK HERE