

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Jun 05, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000000944

1. Entity Name
THE STEBBINS FAMILY LIMITED PARTNERSHIP I



Principal Place of Business
**3300 SATURN ROAD
BROOKSVILLE, FL 34604**

Mailing Address
**3300 SATURN ROAD
BROOKSVILLE, FL 34604**



05292007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3428945

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEBBINS, EARL E
3300 SATURN ROAD
BROOKSVILLE, FL 34604**

**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
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

**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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**STEBBINS, GAVIN MITCHELL
22441 POWELL ROAD
BROOKSVILLE, FL 34602**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**STEBBINS SCHUELER, SHANNON MARGRI
19415 KING JAMES PARKWAY
LEXINGTON PARK, MD 20653**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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**U000000765923
06/05/07-80003-006 500.00**

**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: *Shannon M. Schueler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-30-07

Date

352-766-6419

Daytime Phone #

STAPLE CHECK HERE