

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000000981

1. Entity Name
OLIVE C. ADAMS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**241 S. MATANZAS BLVD.
ST. AUGUSTINE, FL 32080**

Mailing Address
**241 S. MATANZAS BLVD.
ST. AUGUSTINE, FL 32080**



04152007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, DOUGLAS F
241 S. MATANZAS BLVD.
ST. AUGUSTINE, FL 32080**

**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 #

NAME
ADAMS, DOUGLASS F
STREET ADDRESS
9 RIVERVIEW TERRACE
CITY-STATE-ZIP
DOVER, MA 02030

DOCUMENT #

NAME
BLACKWELL ADAMS, JONATHAN
STREET ADDRESS
2545 FAIRDELL DRIVE
CITY-STATE-ZIP
SAN JOSE, CA 95125

DOCUMENT #

NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-STATE-ZIP

000000727672
05/04/07-80057-022 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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 #

Douglas Adams **Douglas Adams** 4/15/07 5087850228