

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000001109

**FILED**  
**Mar 20, 2007**  
**Secretary of State**

**Entity Name:** ABLEIDINGER FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

19520 GULF BLVD  
SUITE 601  
INDIAN SHORES, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

19520 GULF BLVD  
SUITE 601  
INDIAN SHORES, FL 33785

**New Mailing Address:**

**FEI Number:** 59-3450672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABLEIDINGER, ROBERT J  
19520 GULF BLVD  
SUITE 601  
INDIAN SHORES, FL 33785 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: ABLEIDINGER, ROBERT J  
Address: 19520 GULF BLVD #601  
City-St-Zip: INDIAN SHORES, FL 33785

Document #:

Name: ABLEIDINGER, SUSAN  
Address: 19520 GULF BLVD #601  
City-St-Zip: INDIAN SHORES, FL 33785

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT J. ABLEIDINGER

\_\_\_\_\_  
Electronic Signature of Signing General Partner

03/20/2007

\_\_\_\_\_  
Date