2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # A97000001330

1. Entity Name
PERRY SMITH FAMILY, LTD.

Principal Place of Business	Mailing Address
1260 N.W. NEW PINE RIDGE ROAD OKEECHOBEE, FL 34972	P.O. BOX 742 OKEECHOBEE, FL 34973

02142007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0765162
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, C. PERRY
1260 N.W. NEW PINE RIDGE ROAD
OKEECHOBEE, FL 34972

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 C. Perry Smith 3/2/07
Signature, typed or printed name of registered agent and title if applicable Date

U00000656455
03/14/07-80028-005 500.00

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	SMITH, C. PERRY
STREET ADDRESS	1260 N.W. NEW PINE RIDGE ROAD
CITY-ST-ZIP	OKEECHOBEE, FL 34972
DOCUMENT #	
NAME	
STREET ADDRESS	
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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: C. Perry Smith 2/28/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #