


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000001628	
1. Entity Name DEISON FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 3725 BOBBIN MILL ROAD TALLAHASSEE FL 32312	Mailing Address 3725 BOBBIN MILL ROAD TALLAHASSEE FL 32312
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 59-3461443		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEISON, ROBERT R 3500 FINANCIAL PLAZA, SUITE 202 TALLAHASSEE FL 32312	7. Name and Address of New Registered Agent 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.

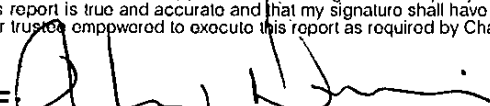
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
STREET ADDRESS	DEISON, ROBERT R	CITY-STATE-ZIP	
CITY-STATE-ZIP	3500 FINANCIAL PLAZA, SUITE 202 TALLAHASSEE FL 32312		000000614460 02/06/07-80031-018 500.00
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	SKELTON, BENSON L JR	CITY-STATE-ZIP	
CITY-STATE-ZIP	3500 FINANCIAL PLAZA, STE 202 TALLAHASSEE FL 32312		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	MOORE, EDGAR M	CITY-STATE-ZIP	
CITY-STATE-ZIP	3500 FINANCIAL PLAZA, SUITE 202 TALLAHASSEE FL 32312		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-STATE-ZIP	
CITY-STATE-ZIP			
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CITY-STATE-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-STATE-ZIP	
CITY-STATE-ZIP			

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  **1-26-07 850-386-7789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE