


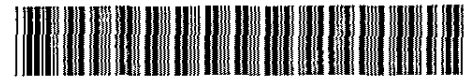
2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000001652	
1. Entity Name WINTON FAMILY, LTD.	

Principal Place of Business 595 FIFTH AVENUE, NE ST. PETERSBURG FL 33701	Mailing Address 595 FIFTH AVENUE, NE ST. PETERSBURG FL 33701
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc. City & State Zip	3. Mailing Address Suite, Apt #, etc. City & State Zip	Country
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1st MOORE CR2E003 (10/06)

4. FEI Number 59-3460295	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 KANE, STEVEN H ESQ. 1061 MAITLAND CENTER COMMONS, SUITE 106 MAITLAND FL 32751	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 #	WINTON, LINDA L	STREET ADDRESS	
NAME	595 FIFTH AVENUE, NE	CITY - ST - ZIP	000000617323 02/07/07-80063-023 500.00
STREET ADDRESS	ST. PETERSBURG FL 33701		
CITY - ST - ZIP			
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CITY - ST - ZIP			

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:  1/29/07 727 823-7150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #