

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 APR 17 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A97000001974					
1. Entity Name MARKHAM FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065			Mailing Address 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box # 7900 Nova Drive		3. Mailing Address 7900 Nova Drive			
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101			
City & State Davie, FL		City & State Davie, FL		4. FEI Number 65-0785202	
Zip 33324		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, JOHN A 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable) 7900 Nova Drive		
			Suite 101		
City			FL		Zip Code 33324
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	MARKHAM, SHARON R		STREET ADDRESS		
NAME	58 CAYUGA ROAD		CITY-ST-ZIP		
STREET ADDRESS	SEA RANCH LAKES, FL 33308		STREET ADDRESS	000098211570	
CITY-ST-ZIP			CITY-ST-ZIP	04/24/07--01053--003 **500.00	
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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: <i>X Sharon R Markham</i>			Sharon Markham		<i>X 4/11/07</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone # 954-577-6872

STAPLE CHECK HERE

[Handwritten Signature]