

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**Aug 31, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A97000002119**

1. Entity Name  
**THE RIEPER FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**480 SANTA ROSA BLVD.  
FT. WALTON BEACH, FL 32548**

Mailing Address  
**480 SANTA ROSA BLVD.  
FT. WALTON BEACH, FL 32548**



05102007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3473101**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RIEPER, KURT  
480 SANTA ROSA BLVD.  
FT. WALTON BEACH, FL 32548**

**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 \_\_\_\_\_

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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 # **L66317**  
NAME **SANDMAN MOTEL-SUITES, INC.**  
STREET ADDRESS **480 SANTA ROSA BLVD.**  
CITY-ST-ZIP **FT. WALTON BEACH, FL 32548**

DOCUMENT #  
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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE