2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A97000002168

1. Entity Name

PEEBLES FAMILY LIMITED PARTNERSHIP

Principal Place of Business

P.O. BOX 38

WILDWOOD, FL 34785

Mailing Address

P.O. BOX 38

WILDWOOD, FL 34785

FILED Apr 06, 2007 08:00 A Secretary of State



03052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3471888 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

PEEBLES, J. WILLARD 322 SHOPPING CENTER DRIVE WILDWOOD, FL 34785

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent.	n the State of Florida. I am familiar with, and accept
SIGNATURE	

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 STREET ADDRESS CITY-SI-ZIP	PEEBLES, J. WILLARD TRUSTEE 322 SHOPPING CENTER DR WILDWOOD, FL 34785
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14. I hereby certify that the information supplied with this filling 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 PARTNE

4/4/07

Daytime Phone #