

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

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

**DOCUMENT # A97000002168**  
1. Entity Name  
**PEEBLES FAMILY LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
P.O. BOX 38                              P.O. BOX 38  
WILDWOOD, FL 34785                      WILDWOOD, FL 34785

**DO NOT WRITE IN THIS SPACE**



03052007 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>59-3471888</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
  
**PEEBLES, J. WILLARD  
322 SHOPPING CENTER DRIVE  
WILDWOOD, FL 34785**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

1100000692390  
04/13/07 00048-019 500.00

**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 #	PEEBLES, J. WILLARD TRUSTEE
NAME	322 SHOPPING CENTER DR
STREET ADDRESS	WILDWOOD, FL 34785
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *J. Willard Peebles*      **4/4/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

*By Lynelle R. Rest his attorney-in-fact*