
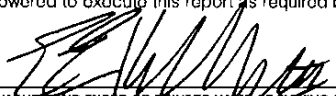
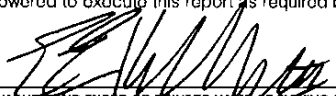
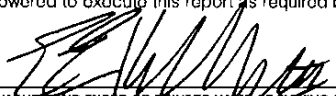


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002412</b>																																													
1. Entity Name <b>THE KELLEY FAMILY LIMITED PARTNERSHIP</b>																																													
Principal Place of Business <b>3082 SHOAL CREEK LAKELAND FL 33813</b>			Mailing Address <b>3082 SHOAL CREEK LAKELAND FL 33813</b>																																										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																										
City & State			City & State																																										
Zip		Country	Zip		Country																																								
4. FEI Number <b>59-3477017</b>				Applied For <input type="checkbox"/> Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																																									
6. Name and Address of Current Registered Agent  <b>KELLEY, E.E. III 3082 SHOAL CREEK LAKELAND FL 33813</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																													
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>																																													
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>																																													
<table border="1"><thead><tr><th colspan="2">12. GENERAL PARTNER INFORMATION</th><th colspan="2">13. ADDRESS CHANGES ONLY</th></tr></thead><tbody><tr><td>DOCUMENT #</td><td rowspan="3">CRENSHAW, DENISE K 5020 TERRY LANE LAKELAND FL 33813</td><td>STREET ADDRESS</td><td rowspan="3"></td></tr><tr><td>NAME</td></tr><tr><td>STREET ADDRESS CITY - ST - ZIP</td></tr><tr><td>DOCUMENT #</td><td rowspan="3">CRENSHAW, WILLIAM E 5020 TERRY LANE LAKELAND FL 33813</td><td>STREET ADDRESS</td><td rowspan="3">000000597995 01/24/07-80059-009 500.00</td></tr><tr><td>NAME</td></tr><tr><td>STREET ADDRESS CITY - ST - ZIP</td></tr><tr><td>DOCUMENT #</td><td rowspan="3"></td><td>STREET ADDRESS</td><td rowspan="3"></td></tr><tr><td>NAME</td></tr><tr><td>STREET ADDRESS CITY - ST - ZIP</td></tr><tr><td>DOCUMENT #</td><td rowspan="3"></td><td>STREET ADDRESS</td><td rowspan="3"></td></tr><tr><td>NAME</td></tr><tr><td>STREET ADDRESS CITY - ST - ZIP</td></tr><tr><td>DOCUMENT #</td><td rowspan="3"></td><td>STREET ADDRESS</td><td rowspan="3"></td></tr><tr><td>NAME</td></tr><tr><td>STREET ADDRESS CITY - ST - ZIP</td></tr><tr><td>DOCUMENT #</td><td rowspan="3"></td><td>STREET ADDRESS</td><td rowspan="3"></td></tr><tr><td>NAME</td></tr><tr><td>STREET ADDRESS CITY - ST - ZIP</td></tr></tbody></table>						12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY		DOCUMENT #	CRENSHAW, DENISE K 5020 TERRY LANE LAKELAND FL 33813	STREET ADDRESS		NAME	STREET ADDRESS CITY - ST - ZIP	DOCUMENT #	CRENSHAW, WILLIAM E 5020 TERRY LANE LAKELAND FL 33813	STREET ADDRESS	000000597995 01/24/07-80059-009 500.00	NAME	STREET ADDRESS CITY - ST - ZIP	DOCUMENT #		STREET ADDRESS		NAME	STREET ADDRESS CITY - ST - ZIP	DOCUMENT #		STREET ADDRESS		NAME	STREET ADDRESS CITY - ST - ZIP	DOCUMENT #		STREET ADDRESS		NAME	STREET ADDRESS CITY - ST - ZIP	DOCUMENT #		STREET ADDRESS		NAME	STREET ADDRESS CITY - ST - ZIP
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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.																																													
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