


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

<b>DOCUMENT # A97000002480</b>		
1. Entity Name <b>BISPHAM FAMILY LIMITED PARTNERSHIP</b>		
Principal Place of Business <b>7850 IBIS STREET SARASOTA FL 34241</b>		Mailing Address <b>7850 IBIS STREET SARASOTA FL 34241</b>

**FILED**

**2007 MAR -5 AM 9: 26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>1010 Cattleman Rd</b> Suite, Apt. #, etc.	
City & State		City & State <b>SARASOTA FL</b>	
Zip	Country	Zip <b>34232</b>	Country <b>SARASOTA</b>

4. FEI Number <b>65-0793739</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>MCGINNESS, W. LEE 1800 SECOND STREET, SUITE 971 SARASOTA FL 34236</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 date if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P96000101910 SIX WAYS INVESTMENTS, INC. 1010 CATTLEMAN ROAD SARASOTA FL 34232</b>	STREET ADDRESS CITY - ST - ZIP	
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**500092354125  
03/13/07--01025--005 \*\*\$500.00**

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

**Cyrus G. Bispham Jr 2/22/07 941-371-6591**

Date

Daytime Phone #

STAPLE CHECK HERE