

# **2007 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A97000002556

**FILED**  
**Oct 11, 2007**  
**Secretary of State**

**Entity Name:** EDWARDS FAMILY ENTERPRISES, LTD.

**Current Principal Place of Business:**

325 E. DEL MONTE AVENUE  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 696  
CLEWISTON, FL 33440

**New Mailing Address:**

**FEI Number:** 65-0797746      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

EDWARDS, EARLE E III  
325 E. DEL MONTE AVENUE  
CLEWISTON, FL 33440    US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: EDWARDS, EARLE E III  
Address: 325 E. DEL MONTE AVENUE  
City-St-Zip: CLEWISTON, FL 33440

Address:  
City-St-Zip:

Document #:

Name: EDWARDS, MARY F  
Address: 325 E. DEL MONTE AVENUE  
City-St-Zip: CLEWISTON, FL 33440

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EARLE E. EDWARDS, III

\_\_\_\_\_  
Electronic Signature of Signing General Partner

10/11/2007

\_\_\_\_\_  
Date