2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A97000002834

THE PHILIP W. TURNER FAMILY PARTNERSHIP, LTD.



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

Principal Place of Business

1999 N.E. LIVINGSTON STREET ARCADIA, FL 34266

Mailing Address

1999 N.E. LIVINGSTON STREET ARCADIA, FL 34266



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3483980 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PWT, INC.

1999 N.E. LIVINGSTON STREET

ARCADIA, FL 34266

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	a named entity tions of registe			atement for	ine purpose o	cnangin	g its reg	istered offic	ce of register	ed agent, e	or both, in the	State of Flo	rida. I am ta	miliar with	1, and acc	:ept
SIGNATURE			,	•										t		
	Signature, typed o	r printed na	vme of rec	istered acent an	d title if applicable						-	, ,	DATE		•	-

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. form; an amendment must be filed to change a general partner.

	NOTE: General Partners MAY NOT be changed on the
12.	GENERAL PARTNER INFORMATION
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000107616 PWT, INC. 1999 N.E. LIVINGSTON STREET ARCADIA, FL 34266
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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

SIGNATURE:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP- --

Whilip W. Turner Signaphre and typed or printed name of signing general partner

(863) 494-3700

Daytime Phone #