


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

**FILED  
May 03, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # A98000000119</b> 1. Entity Name COXWELL-HOLMES FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 870 CIDCO ROAD COCOA, FL 32926	Mailing Address P.O. BOX 237025 COCOA, FL 32923
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3502010	Applied For 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  COXWELL, DALE P 870 CIDCO ROAD COCOA, FL 32926
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**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 *Dale Coxwell* DATE 4/30/07  
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**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	COXWELL, DALE P 870 CIDCO ROAD COCOA, FL 32926
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05/25/07-80017-001 508.75

STAPLE CHECK HERE

**DO NOT WRITE IN THIS SPACE**

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: *Dale Coxwell* DATE 4/30/07 DAYTIME PHONE # 321-632-8228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER