


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

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> A98000000369	
<b>1. Entity Name</b> THE LANGFITT FAMILY LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 215 LIVE OAK ROAD VERO BEACH FL 32963	<b>Mailing Address</b> 215 LIVE OAK ROAD VERO BEACH FL 32963
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

<b>6. Name and Address of Current Registered Agent</b>	
LANGFITT, DAVID R SR 215 LIVE OAK ROAD VERO BEACH FL 32963	

<b>4. FEI Number</b> 65-0795721	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 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	
STREET ADDRESS	LANGFITT, DAVID R SR	CITY ST ZIP	
CITY ST ZIP	215 LIVE OAK ROAD VERO BEACH FL 32963		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	LANGFITT, LAVERNE E	CITY ST ZIP	
CITY ST ZIP	215 LIVE OAK ROAD VERO BEACH FL 32963		
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STREET ADDRESS		CITY ST ZIP	
CITY ST ZIP			

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01/26/07-80096-009 500.00

**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:** David R. Langfitt Sr. General Partner 1-22-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE