


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

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000000391	
1. Entity Name THE PITTS FAMILY PARTNERSHIP, LTD.	

Principal Place of Business 7390 N.W. 43RD STREET MIAMI, FL 33166	Mailing Address P.O. BOX 668407 MIAMI, FL 33166-8407
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



01262007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0927570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STRANG, ROBERT A CPA 103 WEST MARION AVE, SUITE 121 PUNTA GORDA, FL 33950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP PITTS, CARL M 7014 MARIPOSA COURT PEMBROKE PINES, FL 33029	STREET ADDRESS CITY-ST-ZIP 000000621824 02/13/07-80001-012-500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP PITTS, STEVE G 32537 WHITNEY ROAD LEESBURG, FL 34748	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP PITTS, CARY D 713 1/2 LINCOLN STREET COFFEYVILLE, KS 67337	STREET ADDRESS CITY-ST-ZIP
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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: Carl Pitts 2-1-07 305-592-6540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE