

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

DOCUMENT # A98000000459	
1. Entity Name BOUWKAMP FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 355 MILANO LANE APT 104 MELBOURNE FL 32940	Mailing Address 355 MILANO LANE APT 104 MELBOURNE FL 32940
--	--

2. Principal Place of Business - No P.O. Box # 4130 ALAMANDA KEY DR.	3. Mailing Address 4130 ALAMANDA KEY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MELBOURNE, FLORIDA	City & State MELBOURNE, FLORIDA
Zip 32901	Zip 32901
Country USA	Country USA

FILED

07 MAY 18 AM 9:42

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/06)

4. FEI Number **59-3473560**

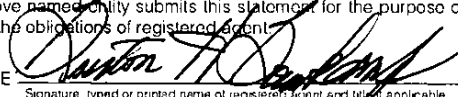
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BOUWKAMP, BURTON H 355 MILANO LANE APT 104 MELBOURNE FL 32940	
---	--

7. Name and Address of New Registered Agent BURTON H. BOUWKAMP	
Street Address (P.O. Box Number is Not Acceptable) 4130 ALAMANDA KEY DRIVE	
City MELBOURNE	FL 32901

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 **4/27/07**

Signature, typed or printed name of registered agent and agent applicable.

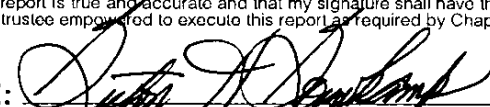
FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	
DOCUMENT #	
NAME	BURTON H. BOUWKAMP, TRUSTEE
STREET ADDRESS	355 MILANO LANE, APT 104
CITY - ST - ZIP	MELBOURNE FL 32940
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	4130 ALAMANDA KEY DRIVE
CITY - ST - ZIP	MELBOURNE, FL 32940
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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:  DATE **4/27/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

STAPLE CHECK HERE