

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

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000508**

1. Entity Name  
**THE PORTER FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**410 CAROLINE STREET  
KEY WEST, FL 33040**

Mailing Address  
**410 CAROLINE STREET  
KEY WEST, FL 33040**

**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0912790**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HIGHSMITH, ROBERT E  
3158 NORTHSIDE DRIVE  
FELDMAN KOENIG & HIGHSMITH, P.A.  
KEY WEST, FL 33040**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and 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.**  
**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 # **P04000103928**  
NAME **PORTER PARTNERSHIP GENERAL, INC.**  
STREET ADDRESS **410 CAROLINE STREET**  
CITY-ST-ZIP **KEY WEST, FL 33040**

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U00000633138  
02/21/07-80050-004 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/1/07**

**(305) 292-3163**

Date

Daytime Phone #