

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 15, 2007 08:00 A
Secretary of State

DOCUMENT # A98000000522

1. Entity Name
JOSEPH H. MORRIS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**806 EAST 6TH STREET
PANAMA CITY, FL 32401**

Mailing Address
**806 EAST 6TH STREET
PANAMA CITY, FL 32401**



02082007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3497725

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRIS, RODNEY C DR.
806 EAST 6TH STREET
PANAMA CITY, FL 32401**

**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**

U00000668290
08/27/07-80021-024 500.00

**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
**MORRIS, RODNEY C
806 EAST 6TH STREET
PANAMA CITY, FL 32401**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAVIS, ROSE MARIE M
377 EAGLE CREEK DRIVE
LAKE MARY, FL 32746**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MORRIS, GILBERT F
335 AMBER RIDGE ROAD
ATLANTA, GA 30328**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MORRIS, JOSEPH H JR.
P.O. BOX 1042
NEWNAN, GA 30264**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone If

STAPLE CHECK HERE