

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A98000001270

1. Entity Name
FAIRCLOTH FAMILY, LTD.



Principal Place of Business
**170 S. WASHINGTON AVENUE
APOPKA, FL 32703**

Mailing Address
**170 S. WASHINGTON AVENUE
APOPKA, FL 32703**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 3:22



07022007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3517653

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FAIRCLOTH, PAUL G JR.
620 E. 6TH STREET
APOPKA, FL 32703**

**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.

000106630290
07/24/07--01023--027 **667.50
DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # **P97000090096**
NAME **FAIRCLOTH FAMILY CORPORATION, INC.**
STREET ADDRESS **170 S. WASHINGTON AVENUE**
CITY- ST- ZIP **APOPKA, FL 32703**

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**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this form 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 #

7/6/07

407-886 6666

STAPLE CHECK HERE