


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

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000001396</b> 1. Entity Name <b>THE FRASIER FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>100 TWIN COVE AUBURNDAL, FL 33823</b>	Mailing Address <b>100 TWIN COVE AUBURNDAL, FL 33823</b>
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**DO NOT WRITE IN THIS SPACE**



03072007 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>59-3547673</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FRASIER, DONALD W 100 TWIN COVE AUBURNDAL, FL 33823</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</b>	
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**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	<b>FRASIER, DONALD W 100 TWIN COVE AUBURNDAL, FL 33823</b>
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U00000672931  
03/29/07-80008-024 508.75

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

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>3/14/07</b> <small>Date</small>	<b>863-967-5177</b> <small>Daytime Phone #</small>
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STAPLE CHECK HERE