

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

<b>DOCUMENT # A98000002112</b> 1. Entity Name <b>THE AVP AND GLP FAMILY PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>13767 DEER CHASE PL JACKSONVILLE FL 32224</b>	Mailing Address <b>13767 DEER CHASE PL JACKSONVILLE FL 32224</b>
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2. Principal Place of Business - No P.O. Box # <b>13567 Isla Vista Drive</b>	3. Mailing Address <b>13567 Isla Vista Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jax FL</b>	City & State <b>Jax FL</b>
Zip <b>32224</b>	Country <b>USA</b>

FILED

07 MAY 24 AM 9:45

SECRETARY OF STATE



1st MOORE CR2E003 (10/06)

4. FEI Number <b>59-3533604</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>PETERSON, GWENITH L 13767 DEER CHASE PL JACKSONVILLE FL 32224</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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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.

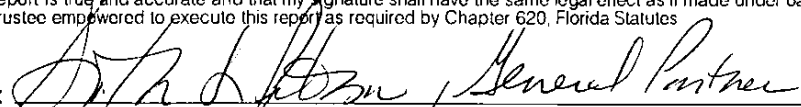
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP <b>PETERSON, GWENITH L 13767 DEER CHASE PL JACKSONVILLE FL 32224</b>	STREET ADDRESS CITY ST ZIP <b>13567 Isla Vista Drive Jax FL 32224</b>
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	STREET ADDRESS CITY ST ZIP <b>400103636424 06/01/07--01005--015 **500.00</b>
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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:**  **General Partner** 4.24.07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE