

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # A98000002825

1. Entity Name
BUCKHORN NURSERY, LTD.



Principal Place of Business

**475 LAMBERT ROAD
WAUCHULA, FL 33873**

Mailing Address

**475 LAMBERT ROAD
WAUCHULA, FL 33873**



03052007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0885033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAMBERT, RONALD B
475 LAMBERT ROAD
WAUCHULA, FL 33873**

**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 # **P98000105824**
NAME **BUCKHORN NURSERY, INC.**
STREET ADDRESS **475 LAMBERT ROAD**
CITY - ST - ZIP **WAUCHULA, FL 33873**

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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:

Brian Kulan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-19-07 863-773-6662
Date Daytime Phone #

STAPLE CHECK HERE