


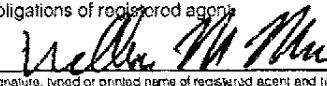
2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A98000002887 1. Entity Name BOBBY MOORE PROPERTIES, LTD.					
Principal Place of Business 3706 DMG DRIVE LAKELAND FL 33811			Mailing Address PO BOX 5552 LAKELAND FL 33807		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3550423	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent MOORE, W. MICHAEL 3706 DMG DRIVE LAKELAND FL 33811				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 02/07/07-80069-018 500.00 FL Zip Code	
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 1/30/07	

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	P98000102127 BOBBY L. MOORE PROPERTY MANAGEMENT, INC. 3706 DMG DRIVE LAKELAND FL 33811	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

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 1/30/07

Daytime Phone #

STAPLE CHECK HERE