2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

FILED Jan 11, 2007 08:00 AN Secretary of State

DOCUMENT # A9800002902				Secre	etary of State
ROESCH	FAMILY LIMITED PARTNE	RSHIP		•	
Principal Place	of Business	Mailing Address		1	
803 STANLEY	AVENUE	803 STANLEY AVENUE			
PENSACOLA,	FL 32503	PENSACOLA, FL 32503			
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and the grant of the state of t				01042007 No Cha-LP CF	2E003 (12/06)
DO NOT WRITE IN THIS SPACE					
_				4. FEI Number 59-3546783	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional
				5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current R	tegistered Agent	2	The state of the s	The second secon
ROESCH, J. CLAYTON 803 STANLEY AVENUE			· · · · · · · · · · · · · · · · · · ·	DO NOT WRI	ΓE
	LA, FL 32503			- IN THIS SPAC	No. 10 Company (1986)
				- IN I HIS SPAC	
			_		
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 obligation	ons of experience agent.	. //		100 mg	7
SIGNATURE -	Contract Contract			1.6	. 200-
	Signature, typed or partied name of registered agent ar	e title i applicable			385
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.	GÉNERAL PARTNER				· · · · · · · · · · · · · · · · · · ·
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1	ROESCH, FRANCES			· · · · · · · · · · · · · · · · · · ·	
}	1493 ARKANSAS STREET NAVARRE, FL 32566	-		7 2. (V) (L) (2.2	
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STREET ADDRESS				y en grand and a second	The second state of the second
CITY-ST-ZIP					- and a second second second second
14. I hereby certify that the information supplied with this filling 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 fignature shall have the same legal effect as if made under oath; that I am a General Pariner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes 560.293.25					
SIGNATI	URE: Y		·	1.6.700	
		RINTED NAME OF SIGNING GENERAL PARTS	NER	Date	Daytime Phone #