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

### **DOCUMENT # A99000000441**

1. Entity Name

ELOISE A. RYBOLT FAMILY LIMITED PARTNERSHIP



Apr 27, 2007 08:00 AM Secretary of State

**FILED** 

Principal Place of Business

400 W. MORSE BLVD., SUITE 230 WINTER PARK, FL 32789

Mailing Address

P.O. BOX 3350 WINTER PARK, FL 32790



#### DO NOT WRITE IN THIS SPACE

03292007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For S9-3614393 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINEGAR, CRAIG A ESQ. WINDERWEEDLE, HAINES, WARD & WOODMAN, PA 250 PARK AVENUE SOUTH, 5TH FL WINTER PARK, FL 32789

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its retions of registered agent.	gistered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title If applicable		DATE	
	FILE NOWIII FEE IS \$600.00 After May 1, 2007, Fee will be \$900.0	-		
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the			
12.	GENERAL PARTNER INFORMATION			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RYBOLT, ELOISE A 3611 LAKE DRAWDY DRIVE ORLANDO, FL 32820		U00000739403	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			05/14/07-80025-021 500.00	
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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 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:

NAME

STREET ADDRESS CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/67

407-644-9416

Daytime Phone ∉