

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000000765

1. Entity Name
THE CESIC LIMITED PARTNERSHIP



Principal Place of Business
**3601 N.W. 91ST LANE
JASPER, FL 32052**

Mailing Address
**3601 N.W. 91ST LANE
JASPER, FL 32052**



01082007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3577323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEMBRY, IRVIN C
3601 N.W. 91ST LANE
JASPER, FL 32052**

**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**

1100000585742
01/16/07-80025-010 500.00

**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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

**BEMBRY, IRVIN C
3601 N.W. 91ST LANE
JASPER, FL 32052**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**BEMBRY, CHARLEEN D
3601 N.W. 91ST LANE
JASPER, FL 32052**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

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STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Charleen D. Embury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-7-07

Date

386-792-1745

Daytime Phone #

STAPLE CHECK HERE