

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

**FILED**

2007 APR 13 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04042007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A99000000781</b>		
1. Entity Name THE VERNON SMITH FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 3150 NORTH A1A #501N FORT PIERCE, FL 34949	Mailing Address 3150 NORTH A1A #501N FORT PIERCE, FL 34949
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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 65-0915975	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SMITH, VERNON D 3150 NORTH A1A #501N FORT PIERCE, FL 34949		7. Name and Address of New Registered Agent Name Smith, Vernon D. Street Address (P.O. Box Number is Not Acceptable) 1600 S. Federal Highway City Fort Pierce FL Zip Code 34950	
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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 4/4/07

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	SMITH, VERNON D		1600 S. Federal Highway
STREET ADDRESS		CITY-ST-ZIP	
	3150 NORTH A1A #501N		Fort Pierce, FL 34950
CITY-ST-ZIP			
	FORT PIERCE, FL 34949		
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			

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04/17/07--01045--023 \*\*500.00

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:** 4/4/07 772-462-5056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE