

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A99000001148

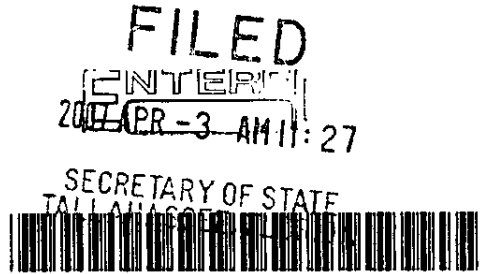
1. Entity Name
EVERS ENTERPRISES, LLLP



Principal Place of Business
**18650 HIGHWAY 441
MOUNT DORA, FL 32757**

Mailing Address
**18650 HIGHWAY 441
MOUNT DORA, FL 32757**

DO NOT WRITE IN THIS SPACE



03192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3585322

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUDECKE, CARL R
18650 HWY 441
MOUNT DORA, FL 32757**

**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**

**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 **EVERS, CLARA R TRUSTEE**
STREET ADDRESS **18650 HWY 441**
CITY-ST-ZIP **MT DORA, FL 32757**

DOCUMENT #
NAME **CLARA R EVERS FAMILY TRUST**
STREET ADDRESS **18650 HWY 441**
CITY-ST-ZIP **MT DORA, FL 32757**

DOCUMENT #
NAME **LUDECKE, CARL R**
STREET ADDRESS **18650 HWY 441**
CITY-ST-ZIP **MT DORA, FL 32757**

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CITY-ST-ZIP

**900096164279
04/09/07--01005--022 **500.00**

**DO NOT WRITE
IN THIS SPACE**

FILED
2007 APR -3 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Daytime Phone #

STAPLE CHECK HERE