

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

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000001768**

1. Entity Name  
**PEEK FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**1111 N.E. 25TH AVENUE, SUITE 102**  
**OCALA, FL 34470**

Mailing Address  
**1111 N.E. 25TH AVENUE, SUITE 102**  
**OCALA, FL 34470**



01032007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3541770**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BULLARD, J. WARREN**  
**18 N.W. THIRD AVENUE**  
**OCALA, FL 34475**

**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 # **P99000093153**  
NAME **ALBERT PEEK, INC.**  
STREET ADDRESS **1111 N.E. 25TH AVENUE, SUITE 102**  
CITY - ST - ZIP **OCALA, FL 34470**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000582089  
01/11/07-80017-024 500.00

**DO NOT WRITE**  
**IN THIS SPACE**

STAPLE CHECK HERE

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

*Jan 4, 2007* (352) 7325255  
Date Daytime Phone #