

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

DOCUMENT # A99000001930

1. Entity Name  
THE DANIELSON FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
5825 REYNOSA DRIVE  
PENSACOLA, FL 32504

Mailing Address  
5825 REYNOSA DRIVE  
PENSACOLA, FL 32504

FILED

2007 MAR 22 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

03042007 Chg-LP CR2E003 (12/06)

4. FEI Number

65-0917054

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARLEN, ROBERT M ESQ.  
110 E. ATLANTIC AVE., SUITE 330  
DELRAY BEACH, FL 33444

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME ISHAM, CHRISTINE D  
STREET ADDRESS 5825 REYNOSA DR  
CITY-ST-ZIP PENSACOLA, FL 32504

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME DANIELSON, EARL III  
STREET ADDRESS 3704 DIXON RD  
CITY-ST-ZIP SANTA BARBARA, CA 93105

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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:

*Christine D. Isham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHRISTINE D. ISHAM

03-01-07

Date

850-484-9597

Daytime Phone #

STAPLE CHECK HERE