


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

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000002194**

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



Principal Place of Business      Mailing Address  
**2394 WEST BAYSHORE ROAD**      **2394 WEST BAYSHORE ROAD**  
**GULF BREEZE, FL 32563**      **GULF BREEZE, FL 32563**

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



01032007    Chg-LP    CR2E003 (12/06)

4. FEI Number      Applied For  
**59-3616368**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RICHEY, MINNIE K**  
**2394 WEST BAYSHORE ROAD**  
**GULF BREEZE, FL 32563**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	
	<b>RICHEY, MINNIE K</b>		
STREET ADDRESS	<b>2394 WEST BAYSHORE ROAD</b>		
CITY-ST-ZIP	<b>GULF BREEZE, FL 32563</b>		
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CITY-ST-ZIP			

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 01/25/07-80029-014 500.00

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: *Minnie K. Richey*      Minnie K. Richey      1-20-2007      8509325539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #