


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

**FILED
Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # A99000002209
1. Entity Name
VAUGHN FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
100 SOUTH ASHLEY DR., STE 1300 67 LADOGA AVENUE
TAMPA FL 33602 TAMPA FL 33606



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt #, etc. Suite, Apt. #, etc.

1st MOORE CR2E003 (10/06)

City & State City & State

4. FEI Number 59-7168778 Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
KELLY, PETER J ESQ.
100 S. ASHLEY DRIVE, STE. 1300
TAMPA FL 33601

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 _____ U00000617279
Signature, typed or printed name of registered agent and title if applicable. 02/01/07-80069-006 500.00

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 STREET ADDRESS CITY - ST - ZIP	VAUGHN, ROBERT E 67 LADOGA AVE. TAMPA FL 33606
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	VAUGHN, FRANCES C 67 LADOGA AVE. TAMPA FL 33606
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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 820, Florida Statutes

SIGNATURE: Frances C. Vaughn 1-29-07 813-259-1107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #