

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

FILED
Apr 04, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A99000002227 |  |
| 1. Entity Name THE ARNOLD FAMILY MOTOR LIMITED PARTNERSHIP | |

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|---|--|
| Principal Place of Business 5323 BROWN STREET GRACEVILLE FL 32440 | Mailing Address P.O. BOX 155 GRACEVILLE FL 32440 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E003 (10/06)

| | |
|---|-------------------------------|
| 4. FEI Number 62-1810506 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| ARNOLD, WILLIAM H 3823 HIGHWAY 2 GRACEVILLE FL 32440 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | State 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. * 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|---------------------|--------------------------|---------------------------|
| DOCUMENT # | NAME | STREET ADDRESS | |
| | ARNOLD, WILLIAM H | CITY- ST- ZIP | |
| STREET ADDRESS | 3823 HIGHWAY 2 | | |
| CITY- ST- ZIP | GRACEVILLE FL 32440 | | |
| DOCUMENT # | NAME | STREET ADDRESS | U00000689990 |
| | | CITY- ST- ZIP | 04/11/07-80058-003 500.00 |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
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| | | 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 620, Florida Statutes

SIGNATURE: *William Arnold* **March 31, 2007** 850-263-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #