


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 JUN -4 P 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B00000000173		
1. Entity Name BECKNER FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 440 RIDGE, SUITE 2 RENO, NV	Mailing Address 4195 E. PARSONS PT RD LOT 13 HERNANDO, FL 34442
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6981 S. Aloysia Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Floral City FL	
Zip	Country	Zip 34436	Country

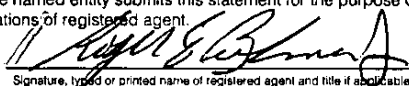


03292007 Chg-LP CR2E003 (12/06)

4. FEI Number 37-6388571	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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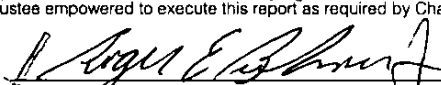
6. Name and Address of Current Registered Agent BECKNER, ROGER E JR. 4195 E PARSONS PT RD LOT 13 HERNANDO, FL 34442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6981 S. Aloysia Ave City Floral City FL Zip Code 34436	
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8. 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 4/27/07

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 CITY - ST - ZIP	L00000002239 BECKNER LLC 4195 E PARSONS PT RD, LOT 13 HERNANDO, FL 34442	STREET ADDRESS CITY - ST - ZIP	6981 S. Aloysia Ave Floral City FL 34436
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	600104254726 05/12/07 - 01008 - 016 **\$500.00
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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: 	DATE 4/27/07 DAYTIME PHONE # 352-726-2225

STAPLE CHECK HERE