


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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|--|--|--|--|---|--------------------------------------|
| DOCUMENT # B05000000428 1. Entity Name RANDO FAMILY LIMITED PARTNERSHIP | | | |  | |
| Principal Place of Business 544 ORANGE STREET #3 MACON, GA 31201 | | | Mailing Address 544 ORANGE STREET #3 MACON, GA 31201 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 01102007 Chg-LP CR2E003 (12/06) | |
| 4. FEI Number 20-2069799 APPLIED FOR | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LINNE, WILLIAM V 127 PALAFOX PLACE STE 100 PENSACOLA, FL 32502-5629 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | 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 STREET ADDRESS CITY-ST-ZIP | RANDO, STEPHEN N 544 ORANGE STREET #3 MACON, GA 31201 | | STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | RANDO, JUDITH G 544 ORANGE STREET #3 MACON, GA 31201 | | STREET ADDRESS CITY-ST-ZIP | 800085014588 01/18/07--01037--017 **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: <u>Stephen N Rando</u> Stephen N Rando | | | Date: <u>1/14/07</u> | | Daytime Phone #: <u>478-742-4674</u> |

STAPLE CHILCK HERE