


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 16 AM 9:17

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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01102007 Chg-LP CR2E003 (12/06)	
Zip		Country		4. FEI Number 20-2069799 APPLIED FOR	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LINNE, WILLIAM V 127 PALAFOX PLACE STE 100 PENSACOLA, FL 32502-5629			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		
NAME	RANDO, STEPHEN N		CITY-ST-ZIP		
STREET ADDRESS	544 ORANGE STREET #3				
CITY-ST-ZIP	MACON, GA 31201				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	RANDO, JUDITH G		CITY-ST-ZIP		
STREET ADDRESS	544 ORANGE STREET #3				
CITY-ST-ZIP	MACON, GA 31201				
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STREET ADDRESS					
CITY-ST-ZIP					
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>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

[Handwritten initials]



20-2069799
 APPLIED FOR

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

RANDO, STEPHEN N 544 ORANGE STREET #3 MACON, GA 31201

RANDO, JUDITH G 544 ORANGE STREET #3 MACON, GA 31201

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SIGNATURE: Stephen N Rando **Stephen N Rando** Date: 1/14/07 Daytime Phone #: 478-742-4674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHILCK HERE