


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 13, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # B94000000106 |  |
| 1. Entity Name ADFAM PARTNERS, LTD. | |

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|--|---|
| Principal Place of Business 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224 | Mailing Address P. O. BOX 19366 JACKSONVILLE, FL 32245-9366 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



03302007 Chg-LP CR2E003 (12/06)

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|---|--------------------------------|
| 4. FEI Number 59-3224347 | 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | 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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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 | SKELTON, H J TRUSTEE | CITY-ST-ZIP | |
| STREET ADDRESS | 4310 PABLO OAKS COURT | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32224 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | P94000014094 | CITY-ST-ZIP | |
| STREET ADDRESS | TWOBROS, INC. | | |
| CITY-ST-ZIP | 4310 PABLO OAKS COURT | | |
| | JACKSONVILLE, FL 32224 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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04/24/07-80028-025 500.00

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:  **SUSAN C. THORNE** 4/12/07 904/223-7480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE