

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 30 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # B97000000401**

1. Entity Name  
**THE BARBOUR ENTERPRISES LIMITED PARTNERSHIP I**



Principal Place of Business P.O. BOX 661 NEW PHILADELPHIA, OH 44663	Mailing Address P.O. BOX 661 NEW PHILADELPHIA, OH 44663
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2. Principal Place of Business - No P.O. Box # <b>8911 Daniels Parkway</b>	3. Mailing Address <b>8911 Daniels Parkway</b>
Suite, Apt. #, etc. <b>Unit 6</b>	Suite, Apt. #, etc. <b>Unit 6</b>

City & State <b>Fort Myers, FL</b>	City & State <b>Fort Myers, FL</b>
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Zip <b>33912</b>	Country <b>Lee</b>	Zip <b>33912</b>	Country <b>Lee</b>
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04242007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>34-1818267</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MORGAN, JOHN M**  
**302 LEE BLVD., SUITE 102**  
**LEHIGH ACRES, FL 33936**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>8911 Daniels Parkway</b>
Unit	<b>Unit 6</b>
City	<b>Fort Myers FL 33912</b>

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 \_\_\_\_\_  
Signature, type, or printed name of registered agent and title if applicable.

**4-27-07**

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**

DOCUMENT #	
NAME	<b>BARBOUR, HUGH R</b>
STREET ADDRESS	<b>2189 POSSUM HOLLOW RD SE, (P.O. BOX 661)</b>
CITY-ST-ZIP	<b>NEW PHILADELPHIA, OH 44663</b>

DOCUMENT #	
NAME	<b>BARBOUR, EVA M</b>
STREET ADDRESS	<b>2189 POSSUM HOLLOW RD SE, (P.O. BOX 661)</b>
CITY-ST-ZIP	<b>NEW PHILADELPHIA, OH 44663</b>

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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	<b>16345 On Par Blvd.</b>
CITY-ST-ZIP	<b>Fort Myers, FL 33908</b>

STREET ADDRESS	<b>16345 On Par Blvd.</b>
CITY-ST-ZIP	<b>Fort Myers, FL 33908</b>

STREET ADDRESS	
CITY-ST-ZIP	<b>300101972153</b> <b>05/09/07--01045--020 **500.00</b>

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-27-07**

Date

**239-454-0572**

Daytime Phone #

STAPLE CHECK HERE