2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # B98000000172

1. Entity Name
APPLEFIELD NINE FAMILY LIMITED PARTNERSHIP



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business

2330 MONTGOMERY HIGHWAY DOTHAN, AL 36303

Mailing Address

2330 MONTGOMERY HIGHWAY DOTHAN, AL 36303



01312007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 63-1191937 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

APPLEFIELD, BRYAN 8701 NORTH LAGOON DRIVE

DO NOT WRITE

PANAMA CITY BEACH, FL 32407		IN THIS SPACE
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, typed or printed name of registered agent and title if applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	10
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 #	P94000077255	
NAME	SKYBOUND, INC.	
STREET ADDRESS	2330 MONTGOMERY HIGHWAY	
CITY-ST-ZIP	DOTHAN, AL 36303	_
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		U00000672916 03/29/07-80008-009 508.75
DOCUMENT #		
NAME		
STREET ADDRESS		DO NOT WRITE
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DOCUMENT #		IN THIS SPACE
NAME		
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DOCUMENT #		
NAME.		
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: 4

DOCUMENT # NAME STREET ADDRESS CITY-ST-7/P

NAME OF SIGNING GENERAL PARTNER