

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

DOCUMENT # A00000001363

1. Entity Name  
GARAK FLP, LTD.



**FILED**  
**Feb 16, 2007 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
2916 COUNTRY CLUB DR.  
LYNN HAVEN, FL 32444

Mailing Address  
2916 COUNTRY CLUB DR.  
LYNN HAVEN, FL 32444

2. Principal Place of Business - No P.O. Box # <b>1006 KIMBERLY LANE</b>	3. Mailing Address <b>1006 KIMBERLY LANE</b>
Suite, Apt. #, etc. <b>LYNN HAVEN</b>	Suite, Apt. #, etc. <b>LYNN HAVEN</b>
City & State <b>FLORIDA</b>	City & State <b>FLORIDA</b>
Zip <b>32444</b>	Zip <b>32444</b>
Country <b>USA</b>	Country <b>USA</b>



02122007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3670091</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BABER, GEORGE LARRY JR**  
2916 COUNTRY CLUB DR.  
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1006 KIMBERLY LANE**

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: **2/12/07**

**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	<b>P00000075831</b> <b>GARAK INVESTMENTS, INC.</b> <b>2916 COUNTRY CLUB DR.</b> <b>LYNN HAVEN, FL 32444</b>	STREET ADDRESS CITY - ST - ZIP	<b>1006 KIMBERLY LANE</b> <b>LYNN HAVEN FL 32444</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>400088814644</b> <b>02/20/07--01031--001 **500.00</b>
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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: DATE: **2/12/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

2007 LL 011000 11/01