


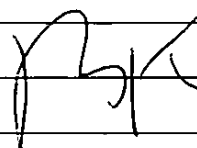
**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

DOCUMENT # A01000000157 1. Entity Name BIRDIE PAR LIMITED PARTNERSHIP	
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FILED
07 FEB 13 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4540 OAK TREE COURT DELRAY BEACH, FL 33445	Mailing Address % ALLAN J. LANDAU, ESQ./HOLLAND & KNIGHT 10 ST. JAMES AVE BOSTON, MA 02116
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2. Principal Place of Business - No P.O. Box # 23 Central Avenue	3. Mailing Address 
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01092007 Chg-LP CR2E003 (12/06)

City & State Lynn, MA	City & State	4. FEI Number 65-1132667	Applied For Not Applicable
Zip 01901	Country USA	Zip	Country

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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL Zip Code

B. 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 # P00000116680 NAME BIRDIE PAR CORP. STREET ADDRESS 4540 OAK TREE COURT CITY-ST-ZIP DELRAY BEACH, FL 33445	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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: 

1/27/07

781 599 4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STATE OF FLORIDA