

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 30 AM 9:07

DOCUMENT # A03000001172



1. Entity Name
 FENTON PARTNERS LIMITED

Principal Place of Business
 2000 PGA BLVD, STE 2202
 NORTH PALM BEACH, FL 33408 US

Mailing Address
 2000 PGA BLVD, STE 2202
 NORTH PALM BEACH, FL 33408 US



2. Principal Place of Business - No P.O. Box #
 11770 U.S. Highway One
 Suite 102
 North Palm Beach, FL
 33408 USA

3. Mailing Address
 11770 U.S. Highway One
 Suite 102
 North Palm Beach, FL
 33408 USA

01092007 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-0678884

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____
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

DOCUMENT # P03000089800
 NAME ICF GP, INC.
 STREET ADDRESS 2000 PGA BLVD, STE 2202
 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

13. ADDRESS CHANGES ONLY

Address Change Only:
 11770 U.S. Hwy. One, Suite 102
 N. Palm Beach, FL 33408

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

~~02/05/07 - 01006 - 001 **500.00~~

DOCUMENT #
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 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

1/26/07 561-630-5116
Date Daytime Phone #

STAPLE CHECK HERE