

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

FILED

2007 MAY 10 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A03000001413
1. Entity Name
FAHEY PARTNERSHIP, LLLP

Principal Place of Business Mailing Address
**1161 VIA SALERNO
WINTER PARK, FL 32789** **1161 VIA SALERNO
WINTER PARK, FL 32789**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

03062007 Chg-LP CR2E003 (12/06)

City & State City & State

4. FEI Number Applied For
32-0097552 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**DELOACH BRYANT, CARLA ESQUIRE
1206 EAST RIDGEWOOD STREET
ORLANDO, FL 32803**

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 # NAME STREET ADDRESS CITY-ST-ZIP	L08000083871 D.M. FAHEY LLC 815 BRIGHTWATER CIRCLE MAITLAND, FL 327514219
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	1161 Via Salerno Winter Park, FL 32789
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	100103099601 05/23/07--01020--022 **\$500.00
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: *Deann M. Fahey* **3-6-2007** **407-740-5005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE