

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A04000000360 1. Entity Name PATMAN/CLIM LIMITED PARTENERSHIP	
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Principal Place of Business 1320 BRIDGEPORT DR WINTER PARK, FL 32789	Mailing Address 1320 BRIDGEPORT DR WINTER PARK, FL 32789
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
07 JUN -1 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3630657	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FORKEY, RUSSELL ESQ 2888 E OAKDLAND PARK BLVD FT LAUDERDALE, FL 33306	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	TREVISANI, THOMAS P 320 N. EDINBURGH DR. WINTER PARK, FL 32792	STREET ADDRESS CITY-ST-ZIP	1320 Bridgeport Dr. Winter Park, FL 32789
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	TREVISANI, SEVILLA M 320 N. EDINBURGH DRIVE WINTER PARK, FL 32792	STREET ADDRESS CITY-ST-ZIP	1320 Bridgeport Dr. Winter Park, FL 32789
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	TREVISANI, THOMAS P II 320 N. EDINBURGH DR. WINTER PARK, FL 32792	STREET ADDRESS CITY-ST-ZIP	1320 Bridgeport Dr. Winter Park, FL 32789
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100104219551 06/11/07--01035--007 **500.00
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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: Thomas Trevisani (CPA)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-1-07 9545684444

Date Daytime Phone #