


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 18 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A05000001983	
1. Entity Name LANGFORD LANDING LLLP	

Principal Place of Business 450 EAST LAS OLAS BOULEVARD STE 1500 FORT LAUDERDALE, FL 33301	Mailing Address 450 EAST LAS OLAS BOULEVARD STE 1500 FORT LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01102007 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR 20-3724248	Applied For
	Not Applicable

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	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. 350 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	200103607802
STREET ADDRESS	THE H GROUP, INC.	CITY-ST-ZIP	05/31/07--01027--001 **500.00
CITY-ST-ZIP	450 EAST LAS OLAS BOULEVARD STE 1500 FORT LAUDERDALE, FL 33301		
DOCUMENT #	NAME	STREET ADDRESS	
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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: *Cris V. Branden* Cris V. Branden 4/20/07 Date Daytime Phone #

STAPLE CHECK HERE