


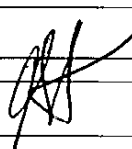
**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 APR 30 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A06000000719				
1. Entity Name A 4 L ENTERPRISES, LTD.				
Principal Place of Business 1106 NORTH FRANKLIN STREET TAMPA, FL 33602		Mailing Address 1106 NORTH FRANKLIN STREET TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 01032007 Chg-LP CR2E003 (12/06)
6. Name and Address of Current Registered Agent PRIDA, LUCIANO JR 1106 NORTH FRANKLIN STREET TAMPA, FL 33602				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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	
	PRIDA, LUCIANO JR	1106 NORTH FRANKLIN STREET	TAMPA, FL 33602	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PRIDA, LINDA A	1106 NORTH FRANKLIN STREET	TAMPA, FL 33602	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
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DOCUMENT #	NAME	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: _____				Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone # _____

STAPLE CHECK HERE

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