



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A22964 1. Entity Name TURA L.P. LIMITED PARTNERSHIP					
Principal Place of Business C/O TAX DEPT 500 ARCH ST WILLIAMSPORT, PA 17701			Mailing Address C/O TAX DEPT 500 ARCH ST WILLIAMSPORT, PA 17701		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 52-1448733				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRENTICE HALL CORPORATION SYSTEM 1201 HAYS ST STE 105 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 _____ <small>Signature, typed or printed name of registered agent or d/ttd if applicable.</small>					
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 #	P10794		STREET ADDRESS		
NAME	TURA HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	500 ARCH STREET				
CITY-ST-ZIP	WILLIAMSPORT, PA 17705				
DOCUMENT #	P31655		STREET ADDRESS		
NAME	OPCO, INC.		CITY-ST-ZIP		
STREET ADDRESS	500 ARCH STREET				
CITY-ST-ZIP	WILLIAMSPORT, PA 17705				
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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: <i>Steven Uzupis</i>			<i>Steven Uzupis, Sec/Treas</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>DATE</small>		

STAPLE CHECK HERE