

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A27761 1. Entity Name PALAFIX PARTNERS, LTD.	
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FILED

2007 APR 13 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/06)

Principal Place of Business 3728 PHILLIPS HIGHWAY SUITE 39 JACKSONVILLE FL 32207	Mailing Address 3728 PHILLIPS HIGHWAY SUITE 39 JACKSONVILLE FL 32207
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Suite # 219	Suite, Apt. #, etc. Suite # 219
City & State	City & State

4. FEI Number 65-0087361	Applied For ☐ Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PHILLIPS, PHILIP B JR. 3728 PHILLIPS HWY. SUITE 39 JACKSONVILLE FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite # 219 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.

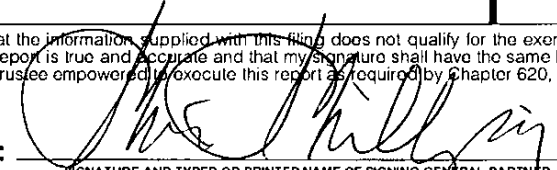
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	PHILLIPS, PHILIP B JR. 3728 PHILLIPS HWY. STE. 39 JACKSONVILLE FL 32207	STREET ADDRESS CITY - ST - ZIP	3728 Phillips Hwy. Ste. 219
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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:  **April 9, 2007** (904) 396 9960.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE