

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007


FILED

2007 AUG -8 AM 10:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A95000001166

1. Entity Name
 BUSINESS ENTERPRISE OF PINELLAS, LTD.



Principal Place of Business Mailing Address
 53 WEST JACKSON BLVD., SUITE 530 53 WEST JACKSON BLVD., SUITE 530
 CHICAGO, IL 60604 CHICAGO, IL 60604

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

07052007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
 36-4045554 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE SERVICE COMPANY
 1201 HAYES STREET
 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 _____

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

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # P95000044847
 NAME BUSINESS ENTERPRISE OF PINELLAS, INC.
 STREET ADDRESS 756 BEACHLAND BOULEVARD
 CITY-ST-ZIP VERO BEACH, FL 32963

STREET ADDRESS 306 WORTH AVENUE
 CITY-ST-ZIP PALM BEACH, FL 33480

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP
 900108401239
 08/22/07--01008--001 **\$508.75

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *James Paulina* Date: 7/10/07 315-922-3792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Domestic Phone #

STAPLE CHECK HERE