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

FILED Apr 20, 2007 08:00 AM Secretary of State

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1. Entity Name

NINTH STREET PARTNERS, LTD.



Principal Place of Business

222 S. PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789

Mailing Address

P.O. BOX 2146

WINTER PARK, FL 32790-2146



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP CR2E003 (12/06)

	£0.75 .	
59-3422246	<u> </u>	Not Applicable
4. FEI Number	A	Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHL, INC.

222 S. PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789

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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							
0.011.10112	Signature, typed or printed name of registered agent and title if applicable.	DATE					
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	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						
DOCUMENT #	L55212						
NAME	SHL, INC.						
010CTY +000TO0							

000000721563 05/01/07-80150-019 500.q0

222 S. PENNSYLVANIA AVE., SUITE 200 CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # CHECK STREET ADDRESS CITY-ST-ZIP STAPLE

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on supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of aportified 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 ered personners as required by Oppoter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is true at or the receiver or trustee

SIGNATURE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP