

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

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A97000002022</b>	
1. Entity Name <b>STPELTON PARTNERS LIMITED</b>	

Principal Place of Business <b>5110 N FEDERAL HWY SUITE 100 FT LAUDERDALE, FL 33308</b>	Mailing Address <b>5110 N FEDERAL HWY SUITE 100 FT LAUDERDALE, FL 33308</b>
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**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0784566</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCIARRETTA, STEVEN A P.A.  
2300 GLADES ROAD, SUITE 302E  
BOCA RATON, FL 33431**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**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.**

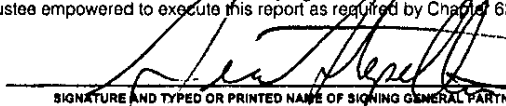
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000080245
NAME	STPELTON ADVISORS, INC.
STREET ADDRESS	5110 N. FEDERAL HWY., STE. #100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/07-80053-006 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:**  **4-13-07**

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