

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

FILED

2007 APR 30 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04092007 No Chg-LP

CR2E003 (12/06)

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 4. FEI Number<br>65-0877673                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

STEPHENS, JOHN E  
220 SW 32ND STREET  
FT. LAUDERDALE, FL 33315

**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 \_\_\_\_\_

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 \$900.00**

**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 #      | P98000076548             |
| NAME            | LEWIS FARMS, INC.        |
| STREET ADDRESS  | 220 S.W. 32ND STREET     |
| CITY - ST - ZIP | FT. LAUDERDALE, FL 33315 |

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| CITY - ST - ZIP |  |

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000101974240  
05/09/07--01047--006 \*\*\$500.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-17-07 (954) 767-1237

Date

Daytime Phone #

STAPLE CHECK HERE