


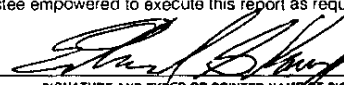
**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAR 27 AM 10: 21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # A98000002875			
1. Entity Name LARK PROPERTIES, LTD.			
Principal Place of Business 11500 - 47TH STREET, NO. CLEARWATER, FL 33762		Mailing Address 11500 - 47TH STREET, NO. CLEARWATER, FL 33762	
2. Principal Place of Business - No P.O. Box # 9900 N. UMBERTON RD Suite, Apt. #, etc. LOT # 9		3. Mailing Address 8609 W. FOREST HILL AVE Suite, Apt. #, etc.	
City & State LARGO, FL		City & State FRANKLIN, WI	
Zip 33771		Country FINELAS	
Zip 53132		Country MILWAUKEE	
4. FEI Number 59-7139350		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HINES, JAMES P ESQ. HINES & ASSOCIATES, P.A. 315 S. HYDE PARK AVENUE TAMPA, FL 33606		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 _____	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L98000003415 LARK PROPERTY MANAGEMENT, LLC 11500 - 47TH STREET, NO. CLEARWATER, FL 33762	STREET ADDRESS CITY - ST - ZIP	8609 W. FOREST HILL AVE FRANKLIN, WI, 53132
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
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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: 		EDWARD G. KAULO 3/22/2007 727-458-0509	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE