

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

**FILED
Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # A99000001320 1. Entity Name 402 JEFFORDS STREET LIMITED PARTNERSHIP, L.L.P.	
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Principal Place of Business 402 JEFFORDS STREET CLEARWATER, FL 33756	Mailing Address 1011 JEFFORDS STREET SUITE C CLEARWATER, FL 33756
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3591634	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

000000611158
02/02/07-80049-019 500.00

**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 # NAME STREET ADDRESS CITY-ST-ZIP	ABDO, RICHARD M.D. 1011 JEFFORDS STREET, SUITE C CLEARWATER, FL 33756
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HUGHES, W. ALLEN M.D. 1011 JEFFORDS STREET, SUITE C CLEARWATER, FL 33756
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SCHWAB, THOMAS O M.D. 430 MORTON PLANT STREET, SUITE 301 CLEARWATER, FL 33756
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MOSKOVITZ, GARY M.D. 380 PARK PLACE BLVD., SUITE 150 CLEARWATER, FL 33759
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PIAZZA, MICHAEL M.D. 1011 JEFFORDS STREET, SUITE C CLEARWATER, FL 33756
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROTHBERG, MICHAEL M.D. 430 MORTON PLANT STREET, SUITE 301 CLEARWATER, FL 33756

**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:  **Michael R. Piazza M.D.** 1/24/07 727-446-5993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE