
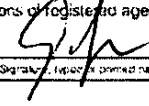
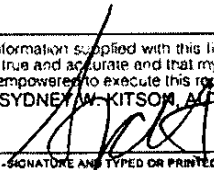


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B96000000152					
1. Entity Name IBIS WEST PALM PARTNERS L.P.					
Principal Place of Business 9055 IBIS BOULEVARD WEST PALM BEACH, FL 33412 US			Mailing Address 9055 IBIS BOULEVARD WEST PALM BEACH, FL 33412 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SPEER, GEORGE 9055 IBIS BOULEVARD WEST PALM BEACH, FL 33412				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 4-19-07	
<p align="center">FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</p> <p align="center">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.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M03000000308		STREET ADDRESS		
NAME	MSKP IBIS PARTNERS GP, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	9055 IBIS BOULEVARD		STREET ADDRESS	300191855262	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP	05/08/07--01042--019 **500.00	
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SYDNEY W. KITSON, AUTHORIZED PERSON ON BEHALF OF GP					
SIGNATURE: 				DATE 4-19-07 (561) 624-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE