

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # B95000000418

1. Entity Name
MERCATOR ASSET MANAGEMENT, L.P., LTD.



Principal Place of Business
**5200 TOWN CENTER CIR., SUITE 550
BOCA RATON, FL 33486**

Mailing Address
**5200 TOWN CENTER CIR., SUITE 550
BOCA RATON, FL 33486**



01042007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0617051

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, JOHN G
5200 TOWN CENTER CIRCLE, STE. 550
BOCA RATON, FL 33486**

**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 # **P95000066205**
NAME **JZT CORP.**
STREET ADDRESS **5200 TOWN CENTER CIR., SUITE 550**
CITY-ST-ZIP **BOCA RATON, FL 33486**

DOCUMENT # **P95000066081**
NAME **PXS CORP.**
STREET ADDRESS **5200 TOWN CENTER CIR., SUITE 550**
CITY-ST-ZIP **BOCA RATON, FL 33486**

DOCUMENT # **P99000020557**
NAME **KXS CORP.**
STREET ADDRESS **5200 TOWN CENTER CIR., SUITE 550**
CITY-ST-ZIP **BOCA RATON, FL 33486**

DOCUMENT # **P00000117173**
NAME **JXC CORP.**
STREET ADDRESS **5200 TOWN CENTER CIR., SUITE 550**
CITY-ST-ZIP **BOCA RATON, FL 33486**

DOCUMENT # **P01000117302**
NAME **BXT CORP.**
STREET ADDRESS **5200 TOWN CENTER CIR., SUITE 550**
CITY-ST-ZIP **BOCA RATON, FL 33486**

DOCUMENT # **P04000156916**
NAME **GQC CORP.**
STREET ADDRESS **5200 TOWN CENTER CIR., SUITE 550**
CITY-ST-ZIP **BOCA RATON, FL 33486**

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

Daytime Phone # _____

STAPLE CHECK HERE

**DO NOT WRITE
IN THIS SPACE**

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01/24/07-80060-025 500.00