


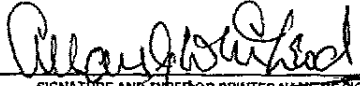
**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2007**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000001417</b> 1. Entity Name <b>ALLAN G. W. AND DORIS S. MCLEOD FAMILY INVESTMENTS, LTD.</b>					
Principal Place of Business <b>3251 MORRIS LANE          COCONUT GROVE FL 33133</b>			Mailing Address <b>3251 MORRIS LANE          COCONUT GROVE FL 33133</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0862084</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>B&amp;C CORPORATE SERVICES, INC.          ONE BISCAYNE TOWER, 21ST FL          2 SOUTH BISCAYNE BLVD          MIAMI FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	<b>MCLEOD, ALLAN G          3251 MORRIS LANE          COCONUT GROVE FL 33133</b>		STREET ADDRESS CITY ST ZIP	U00000628408 02/16/07-80013-019 500.00	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	<b>MCLEOD, DORIS S          3251 MORRIS LANE          COCONUT GROVE FL 33133</b>		STREET ADDRESS CITY ST ZIP		
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STAPLE CHECK HERE

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:**  **ALLAN G.W. MCLEOD**      2/5/07      305 858 2339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER