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

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # A25117**

1. Entity Name
MOORE PROPERTIES, LTD.



FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

252 S.W. WHIPPOORWILL WAY LAKE CITY, FL 32024

Mailing Address

252 S.W. WHIPPOORWILL WAY LAKE CITY, FL 32024



02052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0004480

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEAR, MURRAY D ONE BISCAYNE TOWER, 21 FL 2 SOUTH BISCAYNE BLVD MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent	Hoomane
SIGNATURE	U00000640980 02/28/07-80089-001-500-00
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 IN NAME STREET ADDRESS CITY-ST-ZIP	BRADEN, JULIANNE 252 SW WHIPPOORWILL WAY LAKE CITY, FL 32024
DOCUMENT / NAME STREET ADDRESS - CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME 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** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

17 1260

386.755 2615