


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A19722 1. Entity Name UMATILLA, LTD.	
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FILED
 07 FEB 19 AM 9:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756
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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



02062007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3530316 59-2520316	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
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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 is applicable.

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

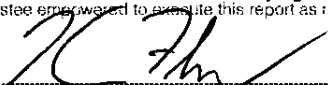
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L02000010824	STREET ADDRESS	
NAME	PEARL LANE, LLC	CITY - ST - ZIP	
STREET ADDRESS	516 LAKEVIEW ROAD, UNIT 8		
CITY - ST - ZIP	CLEARWATER, FL 33756		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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 02/22/07--01042--002 **508.75

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:  **KEVIN T FLYNN**
 As Vice-President of
LLC General Partner
 2/15/07 727-449-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER