

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000164

**FILED**  
**Apr 19, 2007**  
**Secretary of State**

**Entity Name:** 1001 NORTH CALVERT ASSOC., LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1 FOXFIELD COURT  
REISTERSTOWN, MD 21136

**New Principal Place of Business:**

**Current Mailing Address:**

1 FOXFIELD COURT  
REISTERSTOWN, MD 21136

**New Mailing Address:**

**FEI Number:** 52-1453891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 323011283 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: CHODAK, CAROL D  
Address: 1 FOXFIELD COURT  
City-St-Zip: REISTERSTOWN, MD 21136  
Document #:

Name: CHODAK, BARRY N  
Address: 1 FOXFIELD COURT  
City-St-Zip: REISTERSTOWN, MD 21136

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARRY N CHODAK

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/19/2007

\_\_\_\_\_  
Date