

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B06000000315

1. Entity Name
RETAIL SUPPORT SERVICES, L.P.



FILED

07 MAY 18 PM 4: 16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 2571 SARADAN DRIVE
 JACKSON, MI 49202

Mailing Address
 2571 SARADAN DRIVE
 JACKSON, MI 49202



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

04242007

Chg-LP

CR2E003 (12/06)

4. FEI Number

98-0430020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, MIKE
 529 S. INDUSTRY RD.
 COCOA, FL 32926

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SWETT, JOHN
 2571 SARADAN DRIVE
 JACKSON, MI 49202

STREET ADDRESS

CITY-ST-ZIP

100103629281
05/31/07--01054--016 **500.00

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SIMON, MICHAEL
 2571 SARADAN DRIVE
 JACKSON, MI 49202

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

4/24/07

Date

(517) 787-5702

Daytime Phone #

STAPLE CHECK HERE