2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A02000000718

1. Entity Name
22 PARK & SHOP LTD.

FILED
07 JUL 16 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4031A WILLIAM PENN HIGHWAY MONROEVILLE, PA 15146	1222 NW 14TH ST BOCA RATON, FL 33486

05162007 Chg-LP CR2E003 (12/06)

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

4. FEI Number: APPLIED FOR ☐ 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
CALVERT, STACY 1222 NW 14TH ST. BOCA RATON, FL 33486	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 Stacy Calvert 5/21/07
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #		STREET ADDRESS	
NAME	HOCHHAUSER, BYRON L	CITY-ST-ZIP	
STREET ADDRESS	2851 SOUTH OCEAN BLVD., #7B		
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME	CALVERT, STACY	CITY-ST-ZIP	
STREET ADDRESS	1222 N.W. 14TH PLACE		
CITY-ST-ZIP	BOCA RATON, FL 33486		
DOCUMENT #		STREET ADDRESS	
NAME	KAVANAGH, JORDANNA	CITY-ST-ZIP	
STREET ADDRESS	9464 STATE ROUTE 68		
CITY-ST-ZIP	RUSHVILLE, OH 43447		
DOCUMENT #		STREET ADDRESS	
NAME	DOJONOVIC, THOMAS	CITY-ST-ZIP	
STREET ADDRESS	219 FIESTA DRIVE		
CITY-ST-ZIP	PITTSBURGH, PA 15239		
DOCUMENT #		STREET ADDRESS	
NAME	DB	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Stacy Calvert 5/21/07 561-417-0720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #