

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

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A00000000408**

1. Entity Name

VIRGINIA LENORA TREVENA, LTD.



Principal Place of Business

2719 FOREST CLUB DRIVE  
PLANT CITY, FL 33567

Mailing Address

2719 FOREST CLUB DRIVE  
PLANT CITY, FL 33567



02212007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3629609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CHRISTIE, PIERCE  
2719 FOREST CLUB DRIVE  
PLANT CITY, FL 33567

**DO NOT WRITE  
IN THIS SPACE**

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**

U000000696502

04/17/07 00102 013 500.00

**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 #

NAME  
STREET ADDRESS  
CITY - ST - ZIP

CHRISTIE, PIERCE  
2719 FOREST CLUB DRIVE  
PLANT CITY, FL 33567

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP

CHRISTIE, HILDA  
2719 FOREST CLUB DRIVE  
PLANT CITY, FL 33567

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Pierce Christie PIERCE Christie General Partner 3/15/07 807520611*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #