2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

SIGNATURE:

		4 /						
DOCUMENT # A0000000446 1. Entity Name FORTUNE STREET PARTNERS, LTD.					FILED 07 HAY 24 AM 9: 45			
					SECRETARY OF STATE			
Principal Place of Business 111 WEST FORTUNE STREET TAMPA, FL 33602 Mailing Address 111 WEST FORTUNE STR TAMPA, FL 33602			REET		TALL AHASSEE, FLORIDA			
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc		04272007	Chg-LP	CR2E003	(12/06)
City & Stat	e	City & State		4. FEI Number Applied For 59-3612636 Noi Applicable				
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		.75 Additional Required
	6. Name and Address of Curren		7. Name and Address of New Registered Agent					
CALLEN, DAVID H 111 WEST FORTUNE STREET TAMPA, FL 33602				Name Andre P. Callen Street Address (P.O. Box Number is Not Acceptable)				
				III wes	st Fortu	ne Street	-	
				L				Zig Code
City Tamp						- (- d) - (- d) - (- f)	- —	72605
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 of 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.								ır.
12.	GENERAL PARTNE	13.						
DOCUMENT #	P00000024930 FORTUNE STREET HOTEL, INC. 8870 N. HIMES AVE, #242 TAMPA, FL 33614			ET ADDRESS	1 WOC+	Fortune	(do	_
NAME STREET ADDRESS							حوصار	
CITY-ST-ZIP				CITY-SI-ZIP Tampe, FL 33602				
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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 it 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								

4 (27)-1 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER