

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000000615 1. Entity Name PUZAK LIMITED PARTNERSHIP		FILED Mar 14, 2007 08:00 A Secretary of State	
Principal Place of Business 100 GLENVIEW PLACE, APT. #804 C/O ELIZABETH K. PUZAK NAPLES FL 34108		Mailing Address 100 GLENVIEW PLACE, APT. #804 C/O ELIZABETH K. PUZAK NAPLES FL 34108	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 1395 PANTHER LANE SUITE 300 NAPLES FL 34109		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900.*** Make check payable to Florida Department of State.			
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 #	PUZAK, ELIZABETH K 100 GLENVIEW PLACE, APT. #804 NAPLES FL 34108	STREET ADDRESS	000000000000000000000000 03/23/07-80075-024 500.00
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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 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: <i>Elizabeth K. Puzak</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date 3-7-2007 <small>Daytime Phone #</small>	