


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

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000000711 1. Entity Name MCLANE BUSINESS CENTER, LTD., LLLP	
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Principal Place of Business 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810	Mailing Address 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3642596	Applied For <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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PRICE, PAMELA O ESQ. 301 EAST PINE STREET, SUITE 1400 ORLANDO FL 32801
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7. Name and Address of New Registered Agent
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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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

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 # P00000043057	NAME NEZTAK, INC.	STREET ADDRESS	
STREET ADDRESS 1900 SUMMIT TOWER BLVD., SUITE 130		CITY-STATE-ZIP	
CITY-STATE-ZIP ORLANDO FL 32810			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			
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NAME		CITY-STATE-ZIP	
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NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			

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02/08/07-80062-011 500.00

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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** _____ **Date** _____ **Daytime Phone #** _____