


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR -7 AM 9:14

<b>DOCUMENT # A00000000807</b>	
1. Entity Name SEVEN OF FIVE LIMITED PARTNERSHIP	

Principal Place of Business 9319 W. SAMPLE RD., #203 CORAL SPRINGS, FL 33065	Mailing Address 9319 W. SAMPLE RD., #203 CORAL SPRINGS, FL 33065
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2. Principal Place of Business S 9393 W. Sample Rd. Suite #201 Coral Springs, FL 33065	3. Mailing Address S 9393 W. Sample Rd. Suite #201 Coral Springs, FL 33065
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03272006	Chg-LP	CR2E003 (11/05)
4. FEI Number 65-1013479	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent GILLESPIE & ALLISON, P.A. 1515 SOUTH FEDERAL HWY, STE 300 BOCA RATON, FL 33432
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

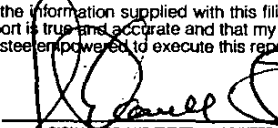
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000076976 J.D. LANDON, INC. 9319 W. SAMPLE RD., #203 CORAL SPRINGS, FL 33065	STREET ADDRESS CITY-ST-ZIP	9393 W. Sample Rd.- #201 Coral Springs, FL 33065
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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:**  **J. DARRELL LANDON** 3-27-06 344-1908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE