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

DO NOT WRITE IN THIS SPACE

DOCUMENT # A00000000977

 Entity Name SIMONTON ROW, LTD.



SECRETARY OF STATE DIVISION OF CORPORATIONS

07 FEB -6 AM 10: 51

Principal Place of Business

1109 EATON ST KEY WEST, FL 33040 Mailing Address 1109 EATON ST KEY WEST, FL 33040



01292007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1016618

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S 2600 DOUGLAS RD PENTHOUSE 8 CORAL GABLES, FL 33040

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<ol> <li>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.</li> </ol>	
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	

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.

GENERAL PARTNER INFORMATION 12. P00000058165 DOCUMENT # SWEETLIGHT INC NAME STREET ADDRESS 1109 EATON ST CITY-ST-ZIP KEY WEST, FL 33040 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCHMENT / NAME STREET ADDRESS CITY ST-7IP

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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:

SQUAZURE AND TYPED OR PRINTED NAME OF STOMUNG SENERAL PARTNER

1/29/07

305-304.5757

ate

Daytime Phone #