## FILED

2007 LIMITED PARTNERSHIP ANNUAL REPORT,  Due By May 1, 2007			Feb 08, 2007 08:00
DOCUMENT # A0000001039			Secretary of State
1. Entity Nan THE EVA	<sup>ne</sup> ANS-CROSS INVESTMENTS, LTD.		
979 BEACHI	De of Business Mailing Address LAND BOULEVARD 979 BEACHLAND BOULEVAR H, FL 32963 VERO BEACH, FL 32963	D	
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DO NOT WRITE IN THIS SPACE			01302007 No Chg-LP
DO NOT WINTE IN THIS STA		NO E	4. FEI Number   Applied For   65-1072845   Not Applied by Applied For   Not Applied by Applied For   Not Applied by Applied For   Not Applied by Applied by Applied For   Not Applied by Applied By Applied For   Not Applied by Applie
and the state of t			5. Certificate of Status Desired See Required \$8.75 Additional
	6. Name and Address of Current Registered Agent	_	
FENNELL, TODD W 979 BEACHLAND BOULEVARD		}	DO NOT WRITE
VERO BEACH, FL 32963			IN THIS SPACE
	e named entity submits this statement for the purpose of changing its regist	ered office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.			
SIGNATURE Signature, typod or printed name of registered agent and 659 if applicable			
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00			U00000628390 
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.	GÊNERAL PARTNER INFORMATION		The second secon
DOCUMENT #	P00000062434 EVANS-CROSS MANAGEMENT, INC.		
STREET ADDRESS	979 BEACHLAND BOULEVARD		
CITY-ST-ZIP	VERO BEACH, FL 32963		
DOCUMENT #			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME STREET ADDRESS			DO NOT WRITE
CITY-SI-ZIP			
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NAME STREET ADDRESS			
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NAME STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			

14. I hereby certify that the information supplied with this filling 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: .

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

1-29-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #