

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 FEB -6 AM 10:51

DOCUMENT # A00000001197 1. Entity Name HEPPSTER, LIMITED					
Principal Place of Business 3073 WOODSONG LANE CLEARWATER, FL 33761			Mailing Address 3073 WOODSONG LANE CLEARWATER, FL 33761		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FORD, HELEN 590 NORTH ORANGE AVENUE, SUITE 1400 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name B&C Corporate Services of Central Florida, Inc. Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Avenue, Suite 1400 City Orlando <div style="float: right;"> FL Zip Code 32801 </div>		
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 1/19/07	
Signature, typed or printed name of registered agent and title if applicable: Anthony W. Palma, Vice President					
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P00000053464 CINTELISMAR, INC. 3073 WOODSONG LANE CLEARWATER, FL 33761		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP	700087874297 02/09/07--0104E--00E **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:			DATE: 1/23/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DAYTIME PHONE: 727-772-5579		

STAPLE CHECK HERE