
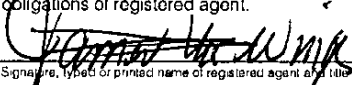


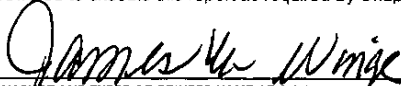
**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000001539 1. Entity Name JIM & ACEY WINGE ENTERPRISES, LTD.					
Principal Place of Business 90 MARTINIQUE AVENUE TAMPA FL 33606		Mailing Address 90 MARTINIQUE AVENUE TAMPA FL 33606			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 57-1110816	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent WINGE, JAMES M 90 MARTINIQUE AVENUE TAMPA FL 33606			7. Name and Address of New Registered Agent 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  7/15/07 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	NAME		STREET ADDRESS		
NAME	WINGE, JAMES M		CITY- ST- ZIP		
STREET ADDRESS	90 MARTINIQUE AVENUE		CITY- ST- ZIP		
CITY- ST- ZIP	TAMPA FL 33606		CITY- ST- ZIP		
DOCUMENT #	NAME		STREET ADDRESS	U000000660431	
NAME			CITY- ST- ZIP	03/19/07-80026-006 500.00	
STREET ADDRESS			CITY- ST- ZIP		
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DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS			CITY- ST- ZIP		
CITY- ST- ZIP			CITY- ST- ZIP		

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

7/15/07
Date

813-251-8314
Daytime Phone #

STAPLE CHECK HERE