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

**DOCUMENT # A00000001577**

**1.** Entity Name
FOUR D INVESTMENTS, LTD.

Principal Place of Business
5 OAKDALE STREET
WINDERMERE, FL 34786

Mailing Address
5 OAKDALE STREET
WINDERMERE, FL 34786

**DO NOT WRITE IN THIS SPACE**

03202007  No Chg-LP          CR2E003 (12/06)

| **4.** FEI Number | | Applied For |
|---|---|---|
| 59-3676774 | | Not Applicable |

**5.** Certificate of Status Desired ☐     **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

STRUBE, DAVID K
5 OAKDALE STREET
WINDERMERE, FL 34786

**DO NOT WRITE IN THIS SPACE**

**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 _____
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.**

| **12.** | GENERAL PARTNER INFORMATION |
|---|---|
| DOCUMENT # | |
| NAME | STRUBE, DAVID K TRUSTEE |
| STREET ADDRESS | 5 OAKDALE STREET |
| CITY-ST-ZIP | WINDERMERE, FL 34786 |
| DOCUMENT # | |
| NAME | STRUBE, DENISE M TRUSTEE |
| STREET ADDRESS | 5 OAKDALE STREET |
| CITY-ST-ZIP | WINDERMERE, FL 34786 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000712243
04/26/07-80040-004  500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

**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: _____          4.14.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER          Date          Daytime Phone #