2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A0000001890

Entity Name

GIRARD & FEDORA, LTD.



FILED Feb 07, 2007 08:00 Al Secretary of State

Principal Place of Business

7814 DESOTO MEMORIAL HWY, N.W. BRADENTON, FL 34209

Mailing Address

7814 DESOTO MEMORIAL HWY, N.W. BRADENTON, FL 34209



01242007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1061890

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802-11TH STREET WEST BRADENTON, FL 34205

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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	ature typed or drinted hame of registered agent and little if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	· -
. 34 1	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.	
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GENERAL PARTNER INFORMATION DOCUMENT A NAME CAMPBELL, GIRARD N STREET ADDRESS 7814 DESOTO MEMORIAL HWY, N.W. CITY-ST-ZIP BRADENTON, FL 34209 DOCUMENT # NAME CAMPBELL, FEDORA L STREET ADDRESS 7814 DESOTO MEMORIAL HWY, N.W. CITY-ST-ZIP BRADENTON, FL 34209 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

U00000626722 02/15/07-80033-006 500.00

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DOCUMENT /

HAME -- -STREET ADDRESS
CITY-SF-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 indicated on this report is true and accurate and that my signalure shall have the same legal effect as it made under path, that I am a General Partner.

14. Thereby 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 it 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: 2

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/07 941-72-5953

Daytime Phone #