


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

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # A0000002041 1. Entity Name WILSON STONE HEARTH FARM LIMITED PARTNERSHIP	
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Principal Place of Business 321 NORTH LAKE WAY PALM BEACH FL 33480	Mailing Address 321 NORTH LAKE WAY PALM BEACH FL 33480
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1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-1101343	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MENDEL, NANCY W 321 NORTH LAKE WAY PALM BEACH FL 33480

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	WILSON, VIRGINIA B 321 NORTH LAKE WAY PALM BEACH FL 33480
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	^N MERDEL, NANCY W 321 N LAKE WAY PALM BEACH FL 33480
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13. ADDRESS CHANGES ONLY	
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CITY - ST - ZIP	
STREET ADDRESS	
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CITY - ST - ZIP	

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02/26/07 88819-010 500.00

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: Nancy W. Mendel 2/19/07 561-313-0617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #