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

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OPPRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A0100000042 1. Entity Harma CORMORANT ENTERPRISES LTD. 2007 APR 23 AM ID: 4.9 2		DOL DI III.	A 1 1, 2001			_	
Prince of Pace of Business Maing Andress 3326 MARY STREET, SUITE 603 MAMIF L 33133 Suice Ant +, oc. 12. Prince of Business - No. B.O. Box + 3.32 MARY STREET, SUITE 603 MAMIF L 33133 Suice Ant +, oc. 13. Matring Andress of Suice Andress of Suice Ant +, oc. 13. Matring Andress of Suice Andress of Suice Andress of Suice Antre +, oc. 13. Matring Andress of Suice Andress o						FILED	
Application of Districts (Control of Districts) All MAM FL 33133 Agently Street, Suite 603 MAM FL 33133 Application of Districts (Control of Districts) Application of Districts (C	CORMORANT ENTERPRISES LTD.					2007 APR 23 AM 10: 49	
2. Proceed Place of Business - No 70 Box # 3 MAIN FL 33133 2. Proceed Place of Business - No 70 Box # 3 Main Anthross 3 D 7 D L 37 D L 37 D L 37 D L 38 D 7 D L 38 D 1 D L 38 D L 38 D 1 D L 38 D L	Principal Place of Business Mailing Address						
Suite, Ap. 1. etc. Suite,					503	TALLA PASSEE FLOOR	
Suite, Apt. 4, etc. Suite, Apt. 4, etc.			\	2 14	1		
City & Sales City & Sales				37	14.		
Back	Suite, Apt.	#, GIC.	Suite, Apr. 4, Gic.			1st MOORE CR2E003 (10/06)	
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI FL 33133 8. The above named only submits his 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types = primare former or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept agent a	MIB	Miam Pl. Miam				88-0469630 . Not Applicable	
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAM IF L 33133 **City*** FLE*** **City**** **City*** **City** **Make check payable to Flerida Department of State Accordance of Control of Contro	3313.	Country	33/33	Cour	ntry - Q-e-		
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI FL 33133 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 Signature, toped or amuse same or suprementation to with approach. A GENERAL PARTINET 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 filled to change a general partner. PORTURALLY STATE COMMENT OR SIGNATURE OF SIGNATURE OR SIN		6. Name and Address of Current F				7. Name and Address of New Registered Agent	
2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI FL 33133 City City FL Zip Code 8. The above named only 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 FILE NOW!!!! Fee is 5500. *** After May 1, 2007, fee will be \$900.*** Make check payable to Florida Department. In State. A GENERAL PARTIER 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. DOUBLINI FOR ISSUER ADDRESS CHANGES ONLY DOUBLINI FOR ISSUER ADDRESS CHANGES ONLY SIRET ADDRESS CITY-SI-7P DOUBLINI NOW. SIRET ADDRESS CITY-SI-7P DOUBLINI NOW. SIRET ADDRESS CITY-SI-7P COMMAN SIRET ADDRESS CITY-SI-7P CORDURATE SIRET ADDRESS CITY-SI-7P COMMAN SIRET ADDRESS CITY-SI-7P ALI Inereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I Jurther certify that the information in Chapter 119, Florida Statutes. I Jurther certify that the information in Chapter 119, Florida Statutes. I Jurther certify that the information in Chapter 119, Florida Statutes. I Jurther certify that the information in Chapter 119, Florida Statutes. I Jurther certify that the information in Chapter 119, Florida Statutes. I Jurther certify that the information in Chapter 119, Florida Statutes. I Jurther certify that the information in Chapter 119, Florida Statutes. I Jurther certify that the information in Chapter 119, Florida Statutes. I Jurther certify that the information in Chapter 119, Florida Statutes. I Jurther certify					Name		
8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Pile NOW!!! Fee s s s s s s s s s s s s s	2665 SOUTH BAYSHORE DRIVE, SUITE 703				Street Address (P.O. Box Number is Not Acceptable)		
B. The above named onlity 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 posed or bread in 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 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 13. ADDRESS CHANGES ONLY COMMONANT ENTERPRISES, INC. SIRET ADDRESS CITY-ST-7P COLUMNIT NAME SIRET ADDRESS CITY-ST-7P COLUMNIT NAME SIRET ADDRESS CITY-ST-7P COLUMNIT NAME SIRET ADDRESS CITY-ST-7P COLUMNIT SIRET ADDRESS CITY-ST-7P COLUMNIT SIRET ADDRESS CITY-ST-7P COLUMNIT NAME SIRET ADDRESS CITY-ST-7P COLUMNIT SIRET ADDRESS CITY-ST-7P CITY-ST-7P COLUMNIT ALL 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 of the certific that th					City	- Zin Coda	
SIGNATURE Signature Signa					FL Zip Code		
FILE NOW!!! Foe is \$500. ** After May 1, 2007, fee will be \$900. ** * Make check payable to Floridal Department of State. File Now!!! Foe is \$500. ** After May 1, 2007, fee will be \$900. ** * Make check payable to Floridal 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT ANAME SIRET ADDRESS OFFICIAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY OFFICIAL PARTNER INFORMATION 13. ADDRESS CHANGE	SIGNATURE						
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT I NAME CITY ST-2IP DOCUMENT I NAME SITET ADDRESS CITY-ST-2IP DOCUMENT I NAME SITET ADDRES	FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900 *** Make check payable to Florida Department of State.						
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
DOCUMENT / NAME SIRET ADDRESS CITY-ST-7P DOCUMENT / NAME SIRET ADDRESS CITY-ST					n; an amendmen		
NAME SIRET ADDRESS CITY-SI-2IP CORMORANT ENTERPRISES, INC. 1135 TERMINAL WAY, SUITE 209 RENO NV 89502 CITY-SI-2IP COUMRNI NAME SIRET ADDRESS CITY-SI-2IP		· · · · · · · · · · · · · · · · · · ·	INFORMATION	13.		ADDRESS CHANGES ONLY	
SIRET ADDRESS CITY-ST-ZIP COCUMENT / NAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCUMENT / NAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCUMENT / NAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP COCUMENT / NAME SIRET ADDRESS CITY-ST-ZIP CITY				STR	EET ADDRESS	9.00	
DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIREET				CITY	· ST-ZIP		
DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT						400101348454	
SIRET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIZET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME SIRET ADDRESS CITY-ST-ZIP AMAE SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP AMAE SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP AMAE SIRET ADDRESS CITY-ST-ZIP CITY				STR	EET ADORESS		
DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT	STREET ADDRESS		•	CITY	- ST- ZIP		
CITY-ST-ZIP 14. I bereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this populi is true and accurate and that my signalure shall have the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this populi is true and accurate and that my signalure shall have the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this populi is true and accurate and that my signalure shall have the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this populi is true and accurate and that my signalure shall have the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this populi is true and accurate and that my signalure shall have the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this populi is true and accurate and that my signalure shall have the exemptions contained in Chapter 119, Florida Statutes.	DOCUMENT #			SIRI	EET AD or (ss		
DOCUMENT / NAME SIRECT ADDRESS CITY-ST-7IP The report of 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 coport is true and accurate and that my signature shall have the same local effect as if made under only that I am a General Partner of the limited partnership.	SINCET ADDRESS			CHY	-SI-ZIP		
STREET ADDRESS CITY- ST-7IP DOCUMENT / NAME STREET ADDRESS CITY- ST-7IP CITY- ST-7IP CITY- ST-7IP DOCUMENT / NAME STREET ADDRESS CITY- ST-7IP CITY- ST-7IP CITY- ST-7IP 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 if made under only that I am a General Partner of the limited nartnership.				-			
CITY-SI-7IP CITY-				SIR	EL MUDNESS		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME 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 only that I am a General Partner of the limited partnership.				CITY	- ST-7IP		
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME 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 roport 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.				STR	EET ADDRESS	·	
DOCUMENT / NAME SIREET ADDRESS CITY-SI-7/P 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 onto that I am a General Partner of the limited partnership.							
NAME SIRET ADDRESS CITY-SI-7/P CITY-SI-7/P 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 onto: that I am a General Partner of the limited partnership.	CITY-ST-ZIP	<u> </u>		CITY	- 51-417		
NAME SIREET ADDRESS CITY-ST-7/IP 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 onth; that I am a General Partner of the limited partnership.				SIRI	EET ADORESS		
CITY-SI-7/P 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 onth; that I am a General Partner of the limited partnership.				[]			
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership.		,		CITY	- ST- 71P	•	
	indicated	Lon this report is true and accurate and	that my signature shall have	a the carr	ne legal effect as if r	id in Chapter 119, Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership	