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

DO NOT WRITE IN THIS SPACE

DOCUMENT # A01000000496

GARMET, LTD.



FILED Feb 16, 2007 08:00 A Secretary of State

Principal Place of Business

222 SOUTH PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789

Mailing Address

P.O. BOX 2146 WINTER PARK, FL 32790



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01232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3711608 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALTSMAN, ROBERT P 222 SOUTH PENNSYLVANIA AVE., SUITE 200 WINTER PARK, FL 32789

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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, typed or printed name of registered agent and title if applicable.

<u> มกกดกดดดอดพิพิก</u>

||2/28/07~80003-008 500.00

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 P97000012208 DOCUMENT # NAME WELBOURNE AVE. CORP. STREET ADDRESS 222 SOUTH PENNSYLVANIA AVE., SUITE 200 CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-SI-7IP DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT & NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP

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14. I hereby certify that the information supplied with this filling 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 PAR