

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A01000000563

1. Entity Name
THE SEGALAS LIMITED PARTNERSHIP



Principal Place of Business
**10625 WITTINGTON AVENUE
VERO BEACH, FL 32963**

Mailing Address
**10625 WITTINGTON AVENUE
VERO BEACH, FL 32963**



04132007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1095613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**O'HAIRE, MICHAEL
3111 CARDINAL DRIVE
VERO BEACH, FL 32963**

**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 #	P00000007119
NAME	SEGALAS CORPORATION
STREET ADDRESS	10625 WITTINGTON AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32963

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**U000000735235
05/10/07-80025-013 500.00**

**DO NOT WRITE
IN THIS SPACE**

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:

Michael Segalas
Michael Segalas

4/20/07

772-388-9681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE