2007 LIMITED PARTNERSHIP ANNUAL REPORT

AN te

Due By May 1, 2007				Mar 15, 2007 08:00	
DOCUMENT # A0100001046 1. Entity Name TWENTY SEVEN O SIX, LTD.				Secretary of Stat	
2706 HARV	ce of Business ARD AVE LE, FL 32210	Mailing Address 2706 HARVARD AVE JACKSONVILLE, FL 32210			
DO NOT WRITE IN THIS SPA			CE	02062007 No Chg-LP	
DO NOT WRITE IN THIS SPA			(CE	4. FEI Number Applied For 59-3734439 Not Applied be	
				5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			
WILLIAMS, GRADY H JR 1543-5 KINGSLEY AVE ORANGE PARK, FL 32073				DO NOT WRITE IN THIS SPACE	
8. The above the obligation SIGNATURE	e named entity submits this statement fo tions of_registered agent.	r the purpose of changing its registi	ered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
51574775112	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				U00000668241 03/27/07-80021-009 500.00	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENTITY Y NOT be changed on the for	MUST BE REGIST m; an amendmer	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12.	GENERAL PARTNEI				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P01000067184 FOUR FORTY-FOUR, INC. 2706 HARVARD AVE JACKSONVILLE, FL 32210				
DOCUMENT # NAME STREET ADDRESS CITY -ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP				DO NOT WRITE	
DOCUMENT #	***************************************	I		IN THIS SPACE	

IN THIS SPACE

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:

NAME STREET ADDRESS

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

STAPLE CHECK HERE

GENERAL PARTNER