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

**DOCUMENT # A01000001538** 

1. Entity Name SORRENTO BUILDINGS, LTD., LLLP



Principal Place of Business

3401 PHILIPS HWY. JACKSONVILLE, FL 32207 Mailing Address

3401 PHILIPS HWY. Jacksonville, FL 32207 FILED Apr 16, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04022007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3759982

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRELL, WILLIAM H 3401 PHILIPS HWY. JACKSONVILLE, FL 32207

## 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.	
	ALL TUBE	

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.

١	NOTE: General Partners MAY NOT be changed on the		
ĺ	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT #	LLP010001560	
	NAME	SORRENTO PARTNERSHIP, LLP	
١	STREET ADDRESS	3401 PHILIPS HWY.	
	CITY-ST-ZIP	JACKSONVILLE, FL 32207	
	DOCUMENT /		
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	DOCUMENT #		
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
ĺ	DOCUMENT #		
	NAME		

000000711270 04/25/07-80077-001 500.00

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 eath; 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:

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

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/07

904-398-7177

Date

Daytime Phone #