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

SIGNATURE:

## TILLU SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A01000001582** 1. Entity Name PERRINE RANCH LTD. 07 FEB 14 AM 9: 55 Principal Place of Business Mailing Address 9020 RANCHO DEL RIO DRIVE, SUITE 125 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655 **NEW PORT RICHEY, FL 34655** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9400 River Crossing Blvd. 9400 River Crossing Blvd. Suite, Apt. #, etc. Suite 102 Suite, Apt. #, etc. Suite 102 01182007 CR2E003 (12/06) Chg-LP City & State New Port Richey, FL City & State New Port Richey, FL 4. EEI Number Applied For 65-1159296 Not Applicable Country Pasco Country Pasco \$8.75 Additional 34655 34655 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Alex R. Deeb</u> DEEB, ALEX Street Address (P.O. Box Number is Not Acceptable) 9400 River Crossing Blvd. 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655 <u>Suite 102</u> New Port Richey 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. 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 ADDRESS CHANGES ONLY DOCUMENT # K47763 STREET ADDRESS TRI COUNTY DEVELOPMENT, INC. NAME 9400 River Crossing Blvd., Suite 102 STREET ADDRESS 9020 RANCHO DEL RIO DRIVE, SUITE 125 CITY-ST-ZIP New Port Richey, FL 34655 CITY-ST-ZIP NEW PORT RICHEY, FL 34655 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 20<u>009</u>992<del>20</del>22 STREET ADDRESS 02/21/07--01007--003 \*\*508.75 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

ALEX R. DEED. PRESIDENT OF TRI COUNTY DEVELOPMENT, INC., ITS GENERAL PARTNER