2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
Apr 09, 2007 08:00 All
Secretary of State

1. Entity Name

775 PARTNERSHIP, LTD.



Principal Place of Business

3665 BEE RIDGE RD. STE. 310 SARASOTA, FL 34233

Mailing Address

3665 BEE RIDGE RD. STE. 310 SARASOTA, FL. 34233



DO NOT WRITE IN THIS SPACE

03122007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1157345 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRION, JAIME S 3665 BEE RIDGE RD. STE. 310 SARASOTA, FL 34233

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.			
	FILE NOWIII FEE IS \$500.00 After May 1, 2007, Fee will be \$90	0.00	
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 #	P01000062701		
NAME	775, INC.		
STREET ADDRESS CITY-ST-ZIP	3665 BEE RIDGE ROAD, SUITE 310		
	SARASOTA, FL 34233		:::\!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
DOCUMENT # NAME			:: 04/18/07-80010-014: 500.00
STREET ADDRESS			
CITY+ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS		DO N	IOT WRITE
CITY-ST-ZIP			JIC COACE IN LANGE
DOCUMENT #			IIS SPACE
NAME STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			

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:

STREET ADDRESS CITY-SI-ZIP

STAPLE CHECK HERE

the Morrow

_Dora Maria C. Thomas

4/4/07

941-923-4551

Date

Daytime Phone #