


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED

2007 AUG 20 AM 10: 07


SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A01221
 1. Entity Name
VIERCOCKEN



Principal Place of Business 2220 PALMER STREET PO BOX 8285 PITTSBURGH, PA 15218	Mailing Address 2220 PALMER STREET PO BOX 8285 PITTSBURGH, PA 15218
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DO NOT WRITE IN THIS SPACE



07172007 No Chg-LP CR2E003 (12/06)

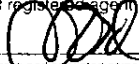
4. FEI Number 25-6113714	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MARK MARK BRAYTON JR~~ Jack O. Hackett, II
 146 WEST OLYMPIA AVENUE 99 Nesbit Street
 PUNTA GORDA, FL 33950 Punta Gorda, FL 33950

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  DATE 8/11/07

FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
	CUDA, ELLEN B	P.O. BOX 567	BOCA GRANDE, FL 33921
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

000108707980
 08/28/07--01039--019 **908.75

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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 and the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Ellen B. Cuda DATE: 8/11/07 DAYTIME PHONE #: 412-351-8407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Ellen B. Cuda