## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

DOCUMENT # A0200000057  1. Entity Name YOKOYAMA LIMITED PARTNERSHIP						FILED 07 MAY 18 PM 4: 16		
Principal Place of Business Mailing Address					·			• •
97 VELMA DR LARGO, FL 33770			97 VELMA DR Largo, Fl 33770			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
							PHB (1811 2511) BB(1) ###	
Principal Place of Business - No P.O. Box #								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		05102007	Chg-LP	CR2E003 (12/06)	
City & Star	te		City & State			4. FEI Number 04-3619		Applied For
Zip	Zip Country		Zip Country		ntry		of Status Desired	Not Applicable  \$8.75 Additional
6. Name and Address of Current			Registered Agent	istered Agent			Address of New R	Fee Required
349111444	• •				Name			
WILLIAMS, DIANE S 1006 ARMENIA AVENUE NORTH					Street Address (P.O. Box-Number is Not Acceptable)			
TAMPA, FL 33607					.55	5 cen	tral tive	2, Suite 409
					City 5+	D. I	1	Zio-Code
The above named entity submits this statement for the purpose of changing its registered office or registered.						red agent or both	in the State of Flo	FL 23370/
SIGNATURE								
Signature, typed or printed name of registered agent and title it applicable.						<del> </del>	In accordance	DATE
FILE NOW!!! FEE IS \$500.00  Due by September 14, 2007  In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.								
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					i, an amenomen	it must be filed	ADDRESS CHA	
DOCUMENT # NAME	VOKOVA	MA TED		STRE	ET ADDRESS		<u>.</u> .	
STREET ADDRESS	YOKOYAMA, TED IESS 97 VELMA DR							
CITY-ST-ZIP	LARGO, FL 33770		, <u></u>	City	-ST-ZIP	<u>.                                    </u>		
DOCUMENT # NAME	:			STRE	ET ADDRESS	.900103605939		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP		<del>- 85/31</del>	<del>/070102/</del>	<del>1006 **500.00</del>
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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 trusted empowered to execute this report as required by Chapter 620, Florida Statutes								

DATE: 5-10-07