2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000000270	
1. Entity Name CARDIF GIANT, LTD.	



Principal Place of Business

288 NINTH STREET

WINTER GARDEN, FL 34777-0249

Mailing Address

P.O. BOX 770249

WINTER GARDEN, FL 34777-0249



DO NOT WRITE IN THIS SPACE

01052007 No Chg-LP CR2E003 (12/06)

4. FEI Number 02-0563448

Applied For Not Applicable

			02-0563448		Not Applicable	
			5. Certificate of Status Desired		.75 Additional Required	
	6. Name and Address of Current Registered Agent					
HELLER, I 288 NINTH	HARVEY R H STREET		DO NOT WRITE			
WINTER C	GARDEN, FL 34777-0249	i	IN THIS SPACE			
	e named entity submits this statement for the purpose of changing its regitions of registered agent.	gistered office or register	ed agent, or both, in the State of Flo	rida. I am farr	iliar with, and accept	
SIGNATURE	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 \$900.0	00	-			
	A GENERAL PARTNER THAT IS A BUSINESS ENTI- NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGIST form; an amendmen	ERED AND ACTIVE WITH TH t must be filed to change a ge	S OFFICE.	er.	
12.	GENERAL PARTNER INFORMATION					
DOCUMENT / NAME STREET ADDRESS	HELLER, PETER C 288 NINTH STREET					
CITY-ST-ZIP	WINTER GARDEN, FL 347770249					
NAME STREET ADORESS CITY-ST-ZIP			U01 05/01/	0000721! 707-801!	561 50-018 500.	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WE	RITE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPA	ACE		
DOCUMENT # NAME STREET ADDRESS						

STAPLE CHECK HERE

DOCUMENT / NAME SIREET ADDRESS CITY-SI-ZIP

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NOMBOR SIGNING GENERAL PARTNER

4/17/07

Daytime Phone #