## **,2007, LIMITED PARTNERSHIP ANNUAL REPORT**

## **FILED Due By May 1, 2007** Mar 20, 2007 08:00 AM **DOCUMENT # A0200000365** Secretary of State 1. Entity Name BABĆOCK FLORIDA CRACKER, LTD. Principal Place of Business Mailing Address 1510 S. TUTTLE AVE. 1510 S. TUTTLE AVE. US SARASOTA, FL 34239 SARASOTA, FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite. Apt. #, etc. 02122007 CR2E003 (12/06) Cha-LP City & State City & State 4. FEI Number Applied For 02-0677044 Not Applicable $Z_{i}p$ Country Ζ·p Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREGORIA, RIC Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 Zip Code 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 little 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P02000027770 DOCUMENT # STREET ADDRESS BABCOCK FLORIDA CRACKER, INC. NAME STREET ADDRESS 1510 S. TUTTLE AVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34239 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP U00000673665 CITY-SI-ZIP <del>83/23/87-88838-018</del> 500.00 DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP City-St-7iP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

14. I nereby 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

CITY+ST-ZIP

13/07 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STREET ADDRESS