

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 APR 30 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A02000000577					
1. Entity Name NORTH EAST POLK, LLLP					
Principal Place of Business 4776 NEW BROAD ST. SUITE 250 ORLANDO, FL 32814			Mailing Address 4776 NEW BROAD ST. SUITE 250 ORLANDO, FL 32814		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
4. City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number APPLIED FOR				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITE, ROBERT B JR. 558 WEST NEW ENGLAND AVE., SUITE 240 WINTER PARK, FL 32789			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	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 _____ DATE _____ <small>Signature, typed or printed name of filing agent and the filer only</small>					
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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	GODWIN, LARRY				
	STREET ADDRESS		CITY - ST - ZIP		
	4776 NEW BROAD ST SUITE 250				
	CITY - ST - ZIP				
	ORLANDO, FL 32814				
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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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE:			4/24/07		407-628-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE		PHONE NUMBER

STAPLE CHECK HERE

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