

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A02000000714 1. Entity Name NATURAL AIR SYSTEMS DEVELOPMENT PARTNERS LTD.					
Principal Place of Business 6455 HIGHWAY 60 EAST LAKE WALES FL 33898		Mailing Address 6455 HIGHWAY 60 EAST LAKE WALES FL 33898			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6448 Highway 60 East Suite, Apt. #, etc.			
City & State Lake Wales Florida		City & State Lake Wales Florida		4. FEI Number 03-0457648	
Zip 33898	Country Polk	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARSON, JONATHAN C 6455 HIGHWAY 60 EAST LAKE WALES FL 33898			7. Name and Address of New Registered Agent 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 registered agent and title if applicable.</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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 CITY - ST - ZIP	P00000059929 MILLENNIUM AIR CONTROL CORP. 6455 HIGHWAY 60 EAST LAKE WALES FL 33898		STREET ADDRESS CITY - ST - ZIP	6448 Highway 60 East Lake Wales, FL 33898	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	800104219418 06/11/07-01035-002 **500.00	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	863696-9291	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			3/9/07 <small>Date</small>		

FILED
07 JUN -1 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/06)

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