2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

DOCUMENT # A0200000718 1. Entity Name 22 PARK & SHOP LTD.					07 JUL	. 16 PM	5: 00		
Principal Place of Business 4031A WILLIAM PENN HIGHWAY MONROEVILLE, PA 15146		Mailing Address 1222 NW 14TH ST BOCA RATON, FL 33486		SECRETARY OF STATE TALLAHASSEE. FLORIDA					
2. Principal f	Principal Place of Business - No P.O. Box # Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05162007	Chg-LP	CR2E00:	3 (12/06)		
City & State		City & State		4. FEI Number APPLIED F	OR		Applied For Not Applicable		
Zip	Country	; Zip	Coun	itry	5. Certificate of S	tatus Desired		8.75 Additional se Required	
	6. Name and Address of Current		Name	7. Name and Add	iress of New Re	gistered Ag	ent		
	CALVERT, STACY								
I	1222 NW 14TH ST. BOCA RATON, FL 33486			Street Address (F	P.O. Box Number is	Not Acceptable)			
				City FL Zip Code					
8. The above the obligation SIGNATURE	e named entity submits this statement for the st	or the purpose of changing its	registere	ed office or register	ed agent, or both, in	≾	12113 DATE	57	
FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTED.					EBED AND ACT	prior notice.		17.193(2)(b), F.S., lid not receive the	
	NOTE: General Partners MA	NY NOT be changed on the	he form	ı; an amendmen	t must be filed to	change a ge	neral partr	ier.	
12.	GENERAL PARTNE	RUNFORMATION	13.			ADDRESS CHA	NGES ONLY		
NAME STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME	CALVERT, STACY	* was	STRE	EET ADORESS					
STREET ADDRESS CITY-ST-ZIP	1222 N.W. 14TH PLACE BOCA RATON, FL 33486		СПУ	- ST- ZIP	T- ZIP				
DOCUMENT # NAME STREET ADDRESS	KAVANAGH, JORDANNA 9464 STATE ROUTE 68		STRE	EET ADDRESS		10.0			
CITY-ST-ZIP	RUSHVILLE, OH 43447		CITY	-ST-ZIP					
NAME STREET ADDRESS	DOJONOVIS, THOMAS 219 FIESTA PRIVE		STRE	EET ADDRESS					
CITY-ST-ZIP DOCUMENT	PITTSBURGH, PA 15239		CITY	-ST-ZIP		·			
NAME STREET ADDRESS	U			EET ADDRESS					
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME NAME		<u> </u>	+	-ST-ZIP		Min.			
NAME STREET ADDRESS CITY-ST-ZIP		•		-ST-ZIP					
14. I hereby indicated	certify that the information supplied with don this report is true and accurate and ceiver or trustee empowered to execute	I that my signature shall have	the same	e legal effect as if m	d in Chapter 119, Fl nade under oath; tha	orida Statutes. I at I am a Genera	further certif	y that the information ne limited partnership	
SIGNAT	TURE: SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING GENER.	L AL PARTNE	<u> </u>		5/24 Date	//37	56-417-072	