


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

<b>DOCUMENT # A02000000877</b> 1. Entity Name <b>LEWIS CAPITAL LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>4555 AINSLEY PLACE</b> <b>SARASOTA, FL 34234</b>	Mailing Address <b>4555 AINSLEY PLACE</b> <b>SARASOTA, FL 34234</b>
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2. Principal Place of Business - No P.O. Box # <b>1875 Oleander Street</b> Suite, Apt. #, etc. <b>SARASOTA, FL</b> City & State	3. Mailing Address <b>1875 Oleander Street</b> Suite, Apt. #, etc. <b>SARASOTA, FL</b> City & State Zip <b>34239</b> Country <b>USA</b>
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6. Name and Address of Current Registered Agent <b>LEWIS, SARA PEELER</b> <b>4555 AINSLEY PLACE</b> <b>SARASOTA, FL 34234</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 Sara Peeler Lewis DATE 3/16/07

Signature, typed or printed name of registered agent and title if applicable.

**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 CITY-ST-ZIP <b>L02000014355</b> <b>LEWIS CAPITAL LLC</b> <b>4555 AINSLEY PLACE</b> <b>SARASOTA, FL 34234</b>	STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 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: Sara Peeler Lewis DATE 3/16/07 DAYTIME PHONE # (941) 953-41059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**FILED**

2007 APR -3 AM 11:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



03162007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**27-0017689**  
☐ Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE