

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

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A02000000887	
<b>1. Entity Name</b> THE VANCE INVESTMENTS LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 4049 S.W. 7TH ST. PLANTATION FL 33317	<b>Mailing Address</b> C/O STEPHEN AND ROBIN VANCE 4049 S.W. 7TH ST. PLANTATION FL 33317
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E003 (10/06)

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 51-0415091	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>6. Name and Address of Current Registered Agent</b>  WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVE. FORT LAUDERDALE FL 33316	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	VANCE, STEPHEN A 4049 S.W. 7TH ST. PLANTATION FL 33317	<b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	U00000621834 02/13/07-80001-022 500.00
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	VANCE, ROBIN J 4049 S.W. 7TH ST. PLANTATION FL 33317	<b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>		<b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	
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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:** Robin J. Vance Robin J. Vance 2-7-07 954-791-9839  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE