

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

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

DOCUMENT # A02000000909 1. Entity Name THE VANCE REAL ESTATE LIMITED PARTNERSHIP	
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Principal Place of Business 4049 S.W. 7TH ST. PLANTATION FL 33317	Mailing Address C/O STEPHEN AND ROBIN VANCE 4049 S.W. 7TH ST. PLANTATION FL 33317
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 02-0637441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVE. FORT LAUDERDALE FL 33316	7. Name and Address of New Registered Agent 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	
DOCUMENT #	NAME	STREET ADDRESS	U00000621835
STREET ADDRESS	VANCE, STEPHEN A	CITY- ST- ZIP	02/13/07-80001-023 500.00
CITY- ST- ZIP	4049 S.W. 7TH ST. PLANTATION FL 33317		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	VANCE, ROBIN J	CITY- ST- ZIP	
CITY- ST- ZIP	4049 S.W. 7TH ST. PLANTATION FL 33317		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP			
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STREET ADDRESS		CITY- ST- ZIP	
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: *Robin J. Vance* **Robin J. VANCE** **2-1-07** **954-791-9839**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE