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

STAPLE

## FILED DOCUMENT # A02000001081 1. Entity Name BECKER B-14 GROVE, LTD. 2007 APR 25 AM 10: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2627 S. JENKINS ROAD 2627 S. JENKINS ROAD FT. PIERCE, FL 34981 FT. PIERCE, FL 34981 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 01-0740515 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HURLEY, THOMAS HURLEY, BARBARA B Street Address (P.O. Box Number is Not Acceptable) 2627 S. JENKINS ROAD 501 N. SWIM CLUB DR., PH-A VERO BEACH, FL 32963 City Zip 54981 FORT PIERCE 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 ages. CEO SIGNATURE 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # L02000019290 STREET ADORESS NAME BECKER SISTERS MANAGEMENT, LLC STREET ADDRESS 2627 S. JENKINS ROAD CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE, FL 34981 <del>- 00009829880</del> 04724/07--01051--004 \*\*500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 <u>Thomas Hurlev</u> SIGNATURE: