

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

**FILED**  
**Mar 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000001279**

1. Entity Name  
**SOTTIL GALLERY PARTNERS, LTD**



Principal Place of Business  
**170 SUNPORT LANE  
SUITE 900  
ORLANDO, FL 32809**

Mailing Address  
**170 SUNPORT LANE  
SUITE 900  
ORLANDO, FL 32809**



02142007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3081782</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**GOMEZ, OCTAVIO  
170 SUNPORT LANE, SUITE 900  
ORLANDO, FL 32809**

**DO NOT WRITE  
IN THIS SPACE**

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

000000665691  
03/23/07-80034-026 667.50

**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**

DOCUMENT #	
NAME	<b>GOMEZ, OCTAVIO</b>
STREET ADDRESS	<b>170 SUNPORT LANE, SUITE 900</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32809</b>

DOCUMENT #	
NAME	<b>GRAY, DAVID</b>
STREET ADDRESS	<b>170 SUNPORT LANE, SUITE 900</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32809</b>

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IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/22/07**

Date

**407-2406450**

Daytime Phone #

**Octavio Gomez**

STAPLE CHECK HERE