


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001459
 1. Entity Name
SHARPE INVESTMENT LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
ATTN: CRAIG A. MUNDY, ESQ. **ATTN: CRAIG A. MUNDY, ESQ.**
4927 SOUTHFORK DRIVE **4927 SOUTHFORK DRIVE**
LAKELAND, FL 33813 **LAKELAND, FL 33813**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-LP CR2E003 (12/06)

4. FEI Number 04-3728080	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MUNDY, CRAIG A ESQ
4927 SOUTHFORK DRIVE
LAKELAND, FL 33813

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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 \$500.00
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

DOCUMENT #	P02000049974
NAME	SHARPE FAMILY ENTERPRISES, INC.
STREET ADDRESS	4927 SOUTHFORK DRIVE
CITY-ST-ZIP	LAKELAND, FL 33813
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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STAPLE CHECK HERE

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: *LaNita Sharpe Wynn* *LaNita Sharpe Wynn* 1/25/07 (813) 428-1743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #