

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


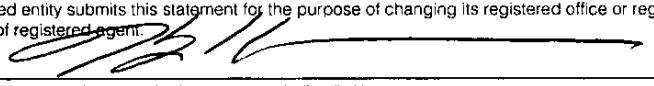
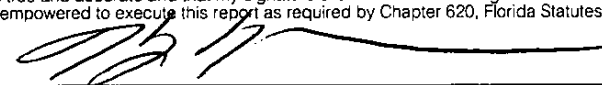
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2007 APR 30 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02122007 Chg-LP CR2E003 (12/06)

DOCUMENT # A02000001521			
1. Entity Name THE MEADOWS AT GLEN PLANTATION, LTD.			
Principal Place of Business 11635 NW 1ST AVENUE GAINESVILLE, FL 32607		Mailing Address 11635 NW 1ST AVENUE GAINESVILLE, FL 32607	
2. Principal Place of Business - No P.O. Box # 515 South 6th Street Suite, Apt. #, etc.		3. Mailing Address 7436 Woodlawn Road Suite, Apt. #, etc.	
City & State Maccleddy, FL Zip 32063 Country USA		City & State Maccleddy, FL Zip 32063 Country USA	
4. FEI Number 43-1988512		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 CURTIS, JOHN M 11635 NW 1ST AVENUE GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Terrence M. Brown, PA Street Address (P.O. Box Number is Not Acceptable) 486 North Temple Avenue City Starke, FL Zip Code 32091	
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 2/27/07	
<p align="center">FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</p> <p align="center">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.</p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P01000112606 GLEN PLANTATION, INC. 11635 NW 1ST AVENUE GAINESVILLE, FL 32607	STREET ADDRESS CITY - ST - ZIP	486 North Temple Avenue Starke, FL 32091
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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: 		DATE 2/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE