

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000000066

 1. Entity Name
 SIRPAL ASSOCIATES, LTD.

 Principal Place of Business
 615 ATLANTIS ESTATES WAY
 ATLANTIS, FL 33462

 Mailing Address
 615 ATLANTIS ESTATES WAY
 ATLANTIS, FL 33462


04242007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

 4. FEI Number
 51-0443727

 Applied For
 Not Applicable
5. Certificate of Status Desired ☐
 \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 SIRPAL, SURENDRA K
 615 ATLANTIS ESTATES WAY
 ATLANTIS, FL 33462

**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 fee if applicable

DATE

 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 #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 SIRPAL, SURENDRA K
 615 ATLANTIS ESTATES WAY
 ATLANTIS, FL 33462

 DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 SIRPAL, PUNAM
 615 ATLANTIS ESTATES WAY
 ATLANTIS, FL 33462

 DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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 STREET ADDRESS
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 IN THIS SPACE**

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 05/17/07-80039-024 500.00

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 file this report as required by Chapter 620, Florida Statutes.

 SIGNATURE: SURENDRA SIRPAL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-25-07 561-965-1864

STAPLE CHECK HERE