

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A03000000122

1. Entity Name
SUSAN SCOTT ENTERPRISES, LLLP



Principal Place of Business
 10624 N.W. 225-A
 OCALA, FL 34482

Mailing Address
 C/O WILLIAM D. SOMAN, TR., SUSAN SCOTT TRST
 PO BOX 330637
 COCONUT GROVE, FL 33233

FILED

2007 MAR -9 AM 9:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

11191 SW 60 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262007

Chg-LP

CR2E003 (12/06)

City & State

City & State

PINECREST, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

33156

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM D. SOMAN, P.A.
3471 MAIN HIGHWAY, #622
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name

WILLIAM D. SOMAN, P.A.

Street Address (P.O. Box Number is Not Acceptable)

11191 SW 60 AVENUE

City

PINECREST

FL

Zip Code

33156

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

William D. Soman, Pres **WILLIAM D. SOMAN, PRES**

03-01-07

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 # **L05000049899**
 NAME **NWTR, LLC**
 STREET ADDRESS **3471 MAIN HIGHWAY, #622**
 CITY-ST-ZIP **COCONUT GROVE, FL 33133**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

11191 SW 60 AVENUE

CITY-ST-ZIP

PINECREST, FL 33156

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900092641869
03/14/07--01042--025 **500.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

William D. Soman Mgr **WILLIAM D. SOMAN**
MGR

03-01-07 (786) 268-1254

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER