

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 15 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102007 Chg-LP CR2E003 (12/06)

DOCUMENT # A03000000264		
1. Entity Name LINTON STORAGE, LTD.		

Principal Place of Business 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467 US	Mailing Address 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 04-3742715	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
COLMAN, NANCY B ESQ. BARITZ & COLMAN LLP 150 E PALMETTO PARK RD #750 BOCA RATON, FL 33432	

7. Name and Address of New Registered Agent	
Name <u>NANCY B. COLMAN ESQ.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>BARITZ & COLMAN LLP</u>	
<u>1075 BROKEN SOUND PARKWAY, NE</u>	
<u>SUITE 102</u>	
City <u>BOCA RATON</u>	FL Zip Code <u>33487</u>

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M03000000600	STREET ADDRESS	
NAME	LINTON STORAGE, LLC	CITY-ST-ZIP	<u>500094624125</u>
STREET ADDRESS	8135 LAKE WORTH RD		<u>03/23/07--01053--009 **508.75</u>
CITY-ST-ZIP	LAKE WORTH, FL 33467		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: _____ 3/9/07 561-357-0621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE