

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000000595**

1. Entity Name  
**CEILIDH PARTNERSHIP, LTD.**



Principal Place of Business  
**920 SOUTH TROTTERS DRIVE**  
**MAITLAND, FL 32571**

Mailing Address  
**920 SOUTH TROTTERS DRIVE**  
**MAITLAND, FL 32571**



01102007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-1182692</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MAGRUDER, G. BROCK JR.**  
**920 SOUTH TROTTERS DRIVE**  
**MAITLAND, FL 32571**

**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 title 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.**

000000598001  
01/24/07-80059-015 500.00

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **P03000041580**  
NAME **CEILIDH COMPANY**  
STREET ADDRESS **920 SOUTH TROTTERS DRIVE**  
CITY-ST-ZIP **MAITLAND, FL 32571**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/07

Date

Daytime Phone #

STAPLE CHECK HERE