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

### **DOCUMENT # A03000000650**

1. Entity Name

SINGLETON INVESTMENTS LIMITED LIABILITY PARTNERSHIP LLP



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

**529 VERSAILES DRIVE** 

SUITE 200

MAITLAND, FL 32751

Mailing Address

**529 VERSAILES DRIVE** 

SUITE 200

MAITLAND, FL 32751



## DO NOT WRITE IN THIS SPACE

01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 51-0487394

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGLETON, RALPH D 529 VERSAILES DRIVE SUITE 200 MAITLAND, FL 32751

## 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.   |                                |
|    |  |                                |
| SI | GNATURE  |                                |

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.

|        | NOIL. General Partners MAT 1401 be changed on the   |   |  |  |
|--------|---|---|--|--|
|        | 12.   | GENERAL PARTNER INFORMATION                                     |  |  |
|        | DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SINGLETON, RALPH D<br>529 VERSAILES DRIVE<br>MAITLAND, FL 32751 |  |  |
| <br> - | DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |  |
|        | DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |  |
|        | DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |  |

Signature, typed or printed name of registered agent and title if applicable.

U00000621951 02/13/07-80006-014 500.00

# 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:** 

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTN

2/1/07

Daytime Phone #