2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# A03000000729

Entity Name: FREIRE FAMILY PARTNERS, LTD

Current Principal Place of Business:

P.O. BOX 625
GOTHA, FL 34734 US

New Principal Place of Business:

7065 WESTPOINTE BLVD
SUITE 208
ORLANDO, FL 32835 US

Current Mailing Address:

P.O. BOX 625
GOTHA, FL 34734 US

New Mailing Address:

FEI Number: 56-2354911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, AMBER JADE F
557 NORTH WYMORE ROAD
SUITE 100
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION:

Document #:
Name: FREIRE, ALEXIS
Address: P.O. BOX 625
City-St-Zip: GOTHA, FL 34734 US
Document #:
Name: FREIRE, LILENE
Address: P.O. BOX 625
City-St-Zip: GOTHA, FL 34734 US

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEXIS FREIRE GP 04/17/2007

Electronic Signature of Signing General Partner Date