


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # A03000000734 1. Entity Name MA REILLY INVESTMENT LIMITED	
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Principal Place of Business 7423 18TH STREET N.E. SAINT PETERSBURG, FL 33702	Mailing Address 7423 18TH STREET N.E. SAINT PETERSBURG, FL 33702
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0021026	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REILLY, MARY A
7423 18TH STREET N.E.
SAINT PETERSBURG, FL 33702

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 Mary A Reilly DATE 1-9-07
Signature, typed or printed name of registered agent and date, if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

U00000595751
 01/12/07 08:00:25 019 500.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	REILLY, MARY A 7423 18TH STREET N.E. SAINT PETERSBURG, FL 33702
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROEDER, ROSS E 1663 WATERMARK CIRCLE N.E. SAINT PETERSBURG, FL 33702
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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STAPLE CHECK HERE

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: Mary A Reilly DATE 1-9-07 DAYTIME PHONE # 813 491 0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER