

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 30 AM 9:08

DOCUMENT # A03000000760 1. Entity Name ROPARZ INVESTMENTS, LTD.					
Principal Place of Business C/O RENEE P. BROWN 210 DAVIDSON STREET SHARON, GA 30664			Mailing Address C/O RENEE P. BROWN P. O. BOX 383 SHARON, GA 30664		
2. Principal Place of Business - No. P.O. Box # <i>166 Davidson St</i>			3. Mailing Address 		
Suite, Apt. #, etc. <i>Sharon, GA</i>			Suite, Apt. #, etc.		
City & State 			City & State		
Zip <i>30664</i>		Country <i>USA</i>		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent BROWN, JACOB A ESQ. 50 NORTH LAURA STREET SUITE 2500 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	L03000016522		STREET ADDRESS		
NAME	ROPARZ HOLDINGS, LLC		CITY-ST-ZIP		
STREET ADDRESS	C/O RENEE P. BROWN, P. O. BOX 383				
CITY-ST-ZIP	SHARON, GA 30664				
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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

STAPLE CHECK HERE

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 02/05/07-01005-014 **500.00