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

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # A03000000895**

1. Entity Name

THOMAS S. PARRETT LIMITED PARTNERSHIP



FILED Apr 30, 2007 08:00 All Secretary of State

Principal Place of Business

1051 N.E. 86TH STREET MIAMI, FL 33138 Mailing Address

1051 N.E. 86TH STREET MIAMI, FL 33138



04232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 57-1178951

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARRETT RABIN, PAMELA ANN 1051 N.E. 86TH STREET MIAMI, FL 33138

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8. The above named entity submits this statement for	the purpose of changing its registered office	e or registered agent, or both, in the State	of Florida. I am familiar with, and accept
the obligations of registered agent.			
ind obligations of registered agent.			
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	•		
SIGNATURE			
SIGHWITOTIL —			

#### 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.

	NOTE: General Partners MAY NOT be changed on t				
	12. GENERAL PARTNER INFORMATION				
	DOCUMENT # NAME	P03000065024 THOMAS S. PARRETT CORPORATION			
	STREET ADDRESS CATY-ST-ZAP	1051 N.E. 86TH STREET MIAMI, FL 33138			
_	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				
-1"-	DOCUMENT # NAME STREET ADDRESS CITY+ST+ZIP				
ביונביו ויביור	DOCUMENT # NAME STREET ADDRESS CITY+ST+ZIP				
, כו	DOCUMENT / NAME STREET ADDRESS				

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

\_\_\_\_

Daytime Phone #