2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
2007 APR 25 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04182007 Chg-LP CR2E003 (12/06)

DOCUMENT # A03000000917

1. Entity Name
DELAND GARDENS ASSOCIATES LTD., LLLP

Principal Place of Business	Mailing Address
300 SUNFLOWER CIRCLE DELAND, FL 32724	300 SUNFLOWER CIRCLE DELAND, FL 32724

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1450 S.Woodland Blvd.		1450 S.Woodland Blvd.	
Suite, Apt. #, etc.: Suite 200A		Suite, Apt. #, etc.: Suite 200A	
City & State: DeLand, FL		City & State: DeLand, FL	
Zip: 32720	Country: Volusia	Zip: 32720	Country: Volusia

4. FEI Number: 20-0898508 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILMORE, RICARDO L 201 E. KENNEDY BLVD., SUITE 600 TAMPA, FL 33602	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 Linda A McDonnell error
Signature, typed or printed name of registered agent and title if applicable. DATE

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 #	P04000049857	STREET ADDRESS	1450 S.Woodland Blvd. Suite 200A
NAME	DELAND GARDENS PARTNERS, INC.		
STREET ADDRESS	300 SUNFLOWER CIRCLE	CITY-ST-ZIP	DeLand, FL 32720
CITY-ST-ZIP	DELAND, FL 32724		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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: Linda A McDonnell Linda A.McDonnell 4-19-07 386-734-2564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #