

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 17 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A03000000932 1. Entity Name PAINTED ACRE PARTNERSHIP, LLLP					
Principal Place of Business 200 STRAWBERRY LANE MELBOURNE BEACH, FL 32951			Mailing Address 200 STRAWBERRY LANE MELBOURNE BEACH, FL 32951		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1335 Berri Patch Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #1		04032007 Chg-LP CR2E003 (12/06)	
City & State		City & State Melbourne		4. FEI Number 57-1172123	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
32935		USA			
6. Name and Address of Current Registered Agent FOLEY, DONALD E TRUSTEE 200 STRAWBERRY LANE MELBOURNE BEACH, FL 32951				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 #	NAME		STREET ADDRESS		
NAME	FOLEY, DONALD E TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	200 STRAWBERRY LANE		CITY-ST-ZIP		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	FOLEY, VIRGINIA T TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	200 STRAWBERRY LANE		CITY-ST-ZIP		
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		CITY-ST-ZIP		
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CITY-ST-ZIP			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.					
SIGNATURE: Virginia Foley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4-12-07 (321) 253-8998 <small>Date Daytime Phone #</small>		

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