2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Mar 27, 2007 08:00 A Secretary of State

Due By May 1, 2007				
DOCUMENT # A0300 1. Entity Name WEST TENNESSEE STREET				
Principal Place of Business 211 EAST VIRGINIA STREET	Mailing Address 211 EAST VIRGINIA STREET			
TALLAHASSEE, FL 32301	TALLAHASSEE, FL 32301			



DO NOT WRITE IN THIS SPACE

02132007 No Chg-LP CR2E003 (12/06)

4. FEI Number	 Applied For
59-2896972	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JOHN O 211 EAST VIRGINIA STREET TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

	,	IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the purpose of changing its recions of registered agent.	istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE -	Signature, typed or printed name of registered agent and title if applicable.	DATE		
e e e e e e e e e e e e e e e e e e e	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	0		
The state of	A GENERAL PARTNER THAT IS A BUSINESS ENTI- NOTE: General Partners MAY NOT be changed on the	Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.		
12.	GENERAL PARTNER INFORMATION			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, JOHN O 211 E VIRGINIA STREET TALLAHASSEE, FL 32301	Ungange80758		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		04/04/07-80014-023 500.00		
DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	E CONTRACTOR OF THE CONTRACTOR	entra de la companya		
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				

14. I nereby certify that the information supplied with this litting does not quality 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 never 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:

STAPLE CHECK HERE

AE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3.27.07

Daytime Phone #