

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A03000001494

1. Entity Name
MEND PROPERTIES, LTD.



Principal Place of Business
**8156 FIDDLER'S CREEK PARKWAY
 NAPLES, FL 34114**

Mailing Address
**8156 FIDDLER'S CREEK PARKWAY
 NAPLES, FL 34114**

FILED

2007 APR 13 AM 10:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01042007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent
WOODWARD, MARK J 3200 TAMiami TRAIL (SUITE 200) NAPLES, FL 34103			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

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 #	P03000117758	STREET ADDRESS	8156 Fiddler's Creek Parkway
NAME	MEND PROPERTIES, INC.	CITY-ST-ZIP	Naples, FL 34114
STREET ADDRESS	3470 CLUB CENTER BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP	4000057292584
DOCUMENT #		STREET ADDRESS	04/19/07--01004--009 **\$500.00
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

2/19/07

(239) 732-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Joseph Livio Parisi, as Treasurer and Not Individually