

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

**FILED
Apr 25, 2007 08:00 AM
Secretary of State**

DOCUMENT # A03000001508

1. Entity Name
DAVID HARRISON AND LISA JOY FINANCIAL LIMITED PARTNERSHIP, LLLP



Principal Place of Business 5705 HAMILTON WAY BOCA RATON, FL 33496	Mailing Address 5705 HAMILTON WAY BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



03142007 No Chg-LP CR2E003 (12/06)

4. FEI Number 56-2412415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GILBERT, DAVID H
5705 HAMILTON WAY
BOCA RATON, FL 33496**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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

DOCUMENT #	
NAME	GILBERT, LISA J
STREET ADDRESS	5705 HAMILTON WAY
CITY-ST-ZIP	BOCA RATON, FL 33496
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

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05/08/07-80098-005 508.75

DO NOT WRITE IN THIS SPACE

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: Lisa Gilbert Lisa Gilbert 4/17/07 561.999.9386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #