


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A03000001570 1. Entity Name THE FALCON FUND, LIMITED PARTNERSHIP	
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Principal Place of Business 3033 RIVERIA DR., STE. 106 NAPLES, FL 34103	Mailing Address 119 NORFOLK AVE SUITE 110 ROANOKE, VA 24011
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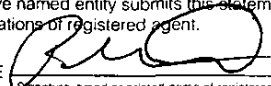
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 25 Church Ave SW. Suite, Apt. #, etc. City & State Roanoke, VA Zip 24011 Country USA
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04202007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-0362267	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SORRENTINO, ROBERT J 3033 RIVIERA DRIVE #106 NAPLES, FL 34103	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4-20-07

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 #	P98000049930	STREET ADDRESS	25 Church Ave. SW
NAME	SORRENTINO ASSET MANAGEMENT, INC.	CITY - ST - ZIP	Roanoke, VA 24011
STREET ADDRESS	119 NORFOLK AVE		
CITY - ST - ZIP	ROANOKE, VA 24011		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

2007 APR 25 AM 10:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE