

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

**DOCUMENT # A04000000132**

1. Entity Name  
**NEW SUCCESS HOMEBUYERS, LTD.**



FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



03232007 Chg-LP CR2E003 (12/06)

4. FEI Number  
 20-2557692

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

AMSCO MARKETING, LLC  
 1121 S. MILITARY TRAIL  
 #264  
 DEERFIELD BEACH, FL 33442

*Pathfinder business strategies*  
 10315-102 Terrace  
 Sebastian FL 32958

**7. Name and Address of New Registered Agent**

Name *Pathfinder business strategies LLC*  
 Street Address (P.O. Box Number is Not Acceptable)  
 10315-102 Terrace  
 Sebastian  
 City FL Zip Code 32958

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 *Andrew Miles*  
 Signature, typed or printed name of registered agent and title if applicable.

DATE *May 14 2007*

**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	STREET ADDRESS	
	RACKOW, BERYL	318 POPLAR POINT DR.	CITY-ST-ZIP	
		KELOWNA, BC V1Y1Y1		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
	MOLLER, ERIC	318 S. POPLAR POINT DR.	CITY-ST-ZIP	
		KELOWNA, BC V1Y1Y1		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
			CITY-ST-ZIP	
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			CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	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: *B. Rackow*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE *May 14 2007* / 2507638929  
 Daytime Phone #

STAPLE CHECK HERE