


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

<b>DOCUMENT # A04000000252</b> 1. Entity Name <b>FIRESTONE FALLS LTD.</b>	
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Principal Place of Business <b>200 S. ORANGE AVE., SUITE 2025</b> <b>ORLANDO, FL 32801 US</b>	Mailing Address <b>200 S. ORANGE AVE., SUITE 2025</b> <b>ORLANDO, FL 32801 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED  
 07 MAY 18 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

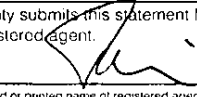


02022007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-0734155</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>THIER, CARL C</b> <b>112 EAST CONCORD STREET</b> <b>ORLANDO, FL 32801</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>Thier, Carl C</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 S. Orange Avenue, Suite 2025</b> City <b>Orlando</b> State <b>FL</b> Zip Code <b>32801</b>
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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  DATE **05/01/07**

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

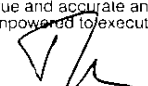
**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>P03000107619</b> <b>JUPITER USA, INC</b> <b>547-7 DELANEY AVENUE</b> <b>ORLANDO, FL 32801</b>	STREET ADDRESS CITY-ST-ZIP <b>200 S. Orange Avenue, Suite 2025</b> <b>Orlando, FL 32801</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <b>400103608534</b> <b>05/31/07 01027 013 **500.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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:  DATE **05/01/07** 407-245-8360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER