


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

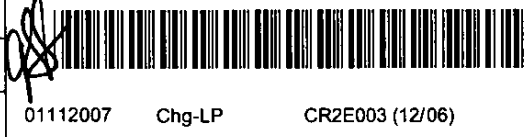
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A04000000447	
1. Entity Name THE CENTRE ON SOUTHERN, LLLP	

Principal Place of Business 616 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483	Mailing Address 616 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483
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2. Principal Place of Business - No P.O. Box # 2515 SR 7	3. Mailing Address 2515 SR 7
# Suite, Apt. #, etc. 230	# Suite, Apt. #, etc. 230



City & State Wellington, FL	City & State Wellington, FL
Zip 33414	Zip 33414
Country USA	Country USA

4. FEI Number 20-0767045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
KRALL, MARK L ESQ. 616 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483	

7. Name and Address of New Registered Agent	
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 _____ **700085840167**
Signature, typed or printed name of registered agent and title if applicable. **01/23/07 01017 033 **500.00**
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 # NAME STREET ADDRESS CITY-ST-ZIP	P04000039796 CENTRE-SOUTHERN, INC. 616 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483	STREET ADDRESS	2515 SR. 7, Suite 230
		CITY-ST-ZIP	Wellington, FL 33414
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		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: *[Signature]* **Centre-Southern, Inc.** **1/11/07** **954-410-1838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #