## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

**FILED** Jan 23, 2007 08:00 AM ate

Γ	DOCUMENT # A0400000722				Secretary of Sta		
	1. Entity Name EDGE INTERSTATE INVESTMENTS, LLLP						
-	Principal Place 4062 S. OAKI HOMOSSASSA	HURST DRIVE	Mailing Address 4062 S. OAKHURST DRIVE HOMOSSASSA, FL 34446		120   12   15   15   16   16   16   16   16   16		CRIII IGRIG (IGIG 251525)
	DO NOT WRITE IN THIS SPAC			CE	01122007 No Chg-LP		
	6. Name and Address of Current Registered Agent PACANA, CHESTER E 4062 S. OAKHURST DRIVE				DO NOT	WRIT	E
		ASSA, FL 34446			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. Fam familiar with, and accept the obligations of registered agent.						
	SIGNATURE Signature, typed or printed name of registered agent and bite if applicable.					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.						
ļ	12.		ARTNER INFORMATION			<u> </u>	
	DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP	L04000028236 SECOND CHANCE FUND 4062 S. OAKHURST DRI' HOMOSSASSA, FL 3444	VE		U 01/2	00000599   5/07-800	311 34-017 500.00
	DOCUMENT # MAME STREET ADDRESS						
	DOCUMENT #				٠		
	STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS			DO NOT WRITE		
HERE	DOCUMENT # NAME STREET ADDRESS CITY+51-ZIP				IN THIS SPACE		
CHECK	DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP						
STAPLE	DOCUMENT #						

14. Thereby 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: (

STREET ADDRESS CHY-ST-ZIP DOCUMENT # NAME STREET ADDRESS