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

### **DOCUMENT # A04000000824**

441 PROPERTIES OF ALACHUA, LTD.



FILED Jan 23, 2007 08:00 AM **Secretary of State** 

Principal Place of Business 14420 NW 151ST BLVD. ALACHUA, FL 32615

Mailing Address P.O. BOX 1990 ALACHUA, FL 32616



### DO NOT WRITE IN THIS SPACE

01202007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 55-0868452 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARRYL J. TOMPKINS, PA 14420 NW 151ST BLVD. ALACHUA, FL 32615

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<ol><li>The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. If the obligations of registered agent.</li></ol>	am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered spent and title if applicable.	ATE

## 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	
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP	P04000070902 441 MANAGEMENT, INC. 14420 NW 151ST BLVD. ALACHUA, FL 32615	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ALS-1010A, 1 E 32010	
DOCUMENT #		

U00000599600 01/25/07-80034-006 500.00

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NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CJTY+ST-7IP

14. I hereby certify that the information supplied with this filling 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 PARTNEI