


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A0400000915 1. Entity Name STATE ROAD #7 PARTNERS, LTD.	
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Principal Place of Business 7965 LANTANA ROAD LAKE WORTH FL 33454	Mailing Address PO BOX 540669 LAKE WORTH FL 33454
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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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1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMIGIEL, GARY 7965 LANTANA ROAD LAKE WORTH FL 33454		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

4. FEI Number 57-1207484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	L9300000238 GARY SMIGIEL, L.C. 7965 LANTANA ROAD LAKE WORTH FL 33454	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P03000034906 THOMAS J. MECCA, INC. 7965 LANTANA ROAD LAKE WORTH FL 33454	STREET ADDRESS CITY - ST - ZIP	
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05/01/07-20026-017 500.00

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:  4-17-07 561 968 3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #