

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

**FILED**

2007 MAR -9 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03052007 Chg-LP CR2E003 (12/06)

4. FEI Number  
75-3162935  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # A04000001156**  
1. Entity Name  
**LAWRENCE S. BURNS LIMITED PARTNERSHIP**



Principal Place of Business  
2255 SW 145 AVE.  
DAVIE, FL 33325

Mailing Address  
2255 SW 145 AVE.  
DAVIE, FL 33325

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

6. Name and Address of Current Registered Agent  
BURNS, LAWRENCE S  
115 N. GORDON ROAD  
FORT LAUDERDALE, FL 33301  
2255 SW 145 Ave  
Davie, FL 33325

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 Lawrence S. Burns, Gen. Partner 3/5/07  
Signature, typed or printed name of registered agent and title 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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BURNS, LAWRENCE S	STREET ADDRESS	2255 SW 145 Ave
NAME	115 N. GORDON ROAD	CITY-ST-ZIP	Davie, FL 33325
STREET ADDRESS	FORT LAUDERDALE, FL 33301		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600092641976
STREET ADDRESS			03/14/07--01042--028 **500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:** Lawrence S. Burns 3/5/07 954 474.5095  
Signature and typed or printed name of signing general partner Date Daytime Phone #

STAPLE CHECK HERE