


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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

DOCUMENT # A04000001171	
1. Entity Name LAURESCA ASSOCIATES, LTD.	

Principal Place of Business 22 S. LINKS AVE., SUITE 300 C/O JOHN A. MORAN SARASOTA, FL 34236	Mailing Address C/O JOHN A. MORAN, ESQ. P.O. BOX 4948 SARASOTA, FL 34230
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02152007 Chg-LP CR2E003 (12/06)

4. FEI Number 74-3127471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORAN, JOHN A 22 S. LINKS AVE., SUITE 300 SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$500.00
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 #	L04000052168	STREET ADDRESS	
NAME	LAURESCA, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 3948		
CITY-ST-ZIP	SARASOTA, FL 34230		
DOCUMENT #		STREET ADDRESS	U000000641684
NAME		CITY-ST-ZIP	03/01/07-80011-001 508.75
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MICHAEL DIXON 2/16/07

Date

Daytime Phone #

941-284-8400

STAPLE CHECK HERE