2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Feb 05, 2007 08:00 AM Secretary of State

1. Entity Name GREELY INVESTMENT, LTD.



Principal Place of Business

190 S.E. 19TH AVENUE POMPANO BEACH, FL 33060 Mailing Address

190 S.E. 19TH AVENUE POMPANO BEACH, FL 33060



02012007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-1441243 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AHEARN, THOMAS F 190 S.E. 19TH AVENUE POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

	·	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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE	Signature, typed or printed name of registered agent and bile 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	
DOCUMENT #	P04000115132	
NAME	GREELY MANAGEMENT, INC.	
STREET ADDRESS	190 S.E. 19TH AVENUE	U00000621946
CITY-SI-ZIP	POMPANO BEACH, FL 33060	02/13/07-80006-009 S00.bi
DOCUMENT /		1 05/ 13/01-00000-003 300.00
NAME		,
STREET ADDRESS	*	
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY ST-ZIP		
DOCUMENT #		1 IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		1
NAME		
STREET ADDRESS		

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 samplegal 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 exercised by Chapter 620, Florida Statutes

SIGNATURE:

CHECK HERE

STAPLE

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

107 754-181-