


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 5, 2007**

DOCUMENT # A04000001360		
1. Entity Name PLEASANT VALLEY LIMITED PARTNERSHIP		

FILED

2007 AUG 20 AM 10:07

SECRETARY OF STATE



Principal Place of Business 73 SOUTH PALM AVENUE SUITE 216 SARASOTA FL 34236	Mailing Address 73 SOUTH PALM AVENUE SUITE 216 SARASOTA FL 34236
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7350 S. TAMIAHI TR, #201	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #201	
City & State		City & State SARASOTA, FL	
Zip	Country	Zip	Country
34231		34231	USA

2nd MOORE

CR2E003 (4/07)

6. Name and Address of Current Registered Agent MILLER, HAROLD O 73 SOUTH PALM AVENUE SUITE 216 SARASOTA FL 34236	
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4. FEI Number 65-0975034	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

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

File Now!!! Fee is \$900.00 • Due By September 5, 2007

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 #	MILLER, HAROLD O	STREET ADDRESS	7350 S. TAMIAHI TR, #201
NAME	73 SOUTH TAMIAHI TRAIL, SUITE 216	CITY-ST-ZIP	SARASOTA, FL 34231
STREET ADDRESS	SARASOTA FL 34236	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	500100707000
DOCUMENT #		CITY-ST-ZIP	09/28/07--01033--018 **900.00
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
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NAME		STREET ADDRESS	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: HAROLD O MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: 9/17/2007

STAPLE CHECK HERE