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

DO NOT WRITE IN THIS SPACE

FILED Apr 30, 2007 08:00 AM Secretary of State

<b>DOCUMENT</b>	# A04000001	559
-----------------	-------------	-----

1. Entity Name

FRANCES D. HAMILTON PROPERTIES, LTD.



Principal Place of Business

1211 DURNFORD PLACE PENSACOLA, FL 32503 Mailing Address

1211 DURNFORD PLACE PENSACOLA, FL 32503



04062007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-2343311

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, FRANCES D 1211 DURNFORD PLACE PENSACOLA, FL 32503

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its rions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE -		
Signature, typed or printed name of registered agent and title if applicable		DATE
	FILE NOWIII FEE IS \$500.00 After May 1, 2007, Fee will be \$900	.00
		TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. e form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	L04000060475	
NAME	FRANCES D. HAMILTON MANAGEMENT, L.L.C.	
STREET ADDRESS	1211 DURNFORD PLACE	
CNY-ST-ZIP	PENSACOLA, FL 32503	
DOCUMENT #		U00000746730
NAME		05/16/07-8008ი-011 500.ტე
STREET ADDRESS		
CITY+ST-ZIP		
DOCUMENT #		<b>i</b>
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT #		IN THIS SPACE

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:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-SI-ZIP

STAPLE CHECK

SIGNATURE AND TYPED OR PRUMED HAME OF BIGNING GENERAL PARTNER

4-27-2007 (850) 432-9686

Daytime Phone #

Ÿ