



**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A04000001566 1. Entity Name TUNDRA SUN RAY LIMITED PARTNERSHIP					
Principal Place of Business 5601 CENTRAL AVENUE ST. PETERSBURG FL 33710				Mailing Address P.O. BOX 86005 ST. PETERSBURG FL 33738	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		FILED 07 JUN 13 AM 9:42 SECRETARY OF STATE 	
City & State Zip Country		City & State Zip Country		4. FEI Number 20-1605569	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E003 (10/06)	
6. Name and Address of Current Registered Agent CHECHELE, DANIEL J 5625 CENTRAL AVENUE ST. PETERSBURG FL 33710				7. Name and Address of New Registered Agent Name BARBARA RAY Street Address (P.O. Box Number is Not Acceptable) 5601 CENTRAL AVE. City ST. PETERSBURG FL Zip Code 33710	
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 <i>Barbara Ray</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 5-25-07	
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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 #	L04000069773		STREET ADDRESS		
NAME	TUNDRA SUN RAY MANAGEMENT, LLC		CITY ST ZIP		
STREET ADDRESS	P.O. BOX 86005		CITY ST ZIP		
CITY ST ZIP	ST. PETERSBURG FL 33738		CITY ST ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST ZIP		
STREET ADDRESS			CITY ST ZIP		
CITY ST ZIP			CITY ST ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST ZIP		
STREET ADDRESS			CITY ST ZIP		
CITY ST ZIP			CITY ST ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST ZIP		
STREET ADDRESS			CITY ST ZIP		
CITY ST ZIP			CITY ST ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST ZIP		
STREET ADDRESS			CITY ST ZIP		
CITY ST ZIP			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: <i>Barbara Ray</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				DATE 4-22-07 DAYTIME PHONE 727-381-6667	

STAPLE CHECK HERE