

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

<b>DOCUMENT # A04000001652</b>													
<b>1. Entity Name</b> CADRECHA FAMILY LIMITED PARTNERSHIP													
<b>Principal Place of Business</b> 1300 7TH AVENUE TAMPA, FL 33605		<b>Mailing Address</b> 1300 7TH AVENUE TAMPA, FL 33605											
<b>2. Principal Place of Business - No P.O. Box #</b> 2234 E. 7th Avenue		<b>3. Mailing Address</b> 2234 E. 7th Avenue											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
<b>City &amp; State</b> Tampa, Florida 33605		<b>City &amp; State</b> Tampa, Florida 33605											
<b>Zip</b> 33605	<b>Country</b> Hillsborough	<b>Zip</b> 33605	<b>Country</b> Hillsborough										
<b>6. Name and Address of Current Registered Agent</b>  CADRECHA, ROBERT N 1300 7TH AVENUE TAMPA, FL 33605		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Name</td> <td style="padding: 2px;">Robert N. Cadrecha</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td style="padding: 2px;">2234 E. 7th Avenue</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Tampa</td> </tr> <tr> <td style="padding: 2px;">State</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td style="padding: 2px;">33605</td> </tr> </table>		Name	Robert N. Cadrecha	Street Address (P.O. Box Number is Not Acceptable)	2234 E. 7th Avenue	City	Tampa	State	FL	Zip Code	33605
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Zip Code	33605												

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02022007    Chg-LP    CR2E003 (12/06)

<b>4. FEI Number</b> APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 #	333666	STREET ADDRESS	2234 E. 7th Avenue
NAME	TAMPA WHOLESALE FURNITURE CO.	CITY-ST-ZIP	Tampa, Florida 33605
STREET ADDRESS	1300 7TH AVENUE	STREET ADDRESS	200092540432
CITY-ST-ZIP	TAMPA, FL 33605	CITY-ST-ZIP	03/14/07--01042--001 **500.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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:** 2/5/07    813/247-4557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #