


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

105 FILED

2007 MAY 10 PM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001689	
1. Entity Name PLATT ROAD FARMS, LTD.	

Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	Mailing Address 9625 WES KEARNEY WAY RIVERVIEW, FL 33569
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2. Principal Place of Business - No P.O. Box # 5115 JOANNE KEARNEY BLVD.	3. Mailing Address P.O. BOX 5299
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA, FL.	City & State TAMPA, FL.
Zip 33619	Country USA
Zip 33675-5299	Country USA



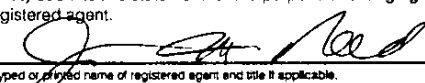
04062007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-1818584	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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6. Name and Address of Current Registered Agent REED, JAMES M 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5115 JOANNE KEARNEY BLVD. City TAMPA FL Zip Code 33619
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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  4/23/07 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000077345	STREET ADDRESS	5115 JOANNE KEARNEY BLVD.
NAME	PASCO PLATT ROAD, LLC	CITY-ST-ZIP	TAMPA, FL. 33619
STREET ADDRESS	9625 WES KEARNEY WAY		
CITY-ST-ZIP	RIVERVIEW, FL 33569		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:  4/23/07 813 435-7105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE