


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

DOCUMENT # A04000001705* 1. Entity Name THE BIRCHWOOD GROUP, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 12 AM 9:29

Principal Place of Business 4370 SOUTH TAMiami TRAIL, SUITE 312 SARASOTA FL 34231	Mailing Address 4370 SOUTH TAMiami TRAIL, SUITE 312 SARASOTA FL 34231
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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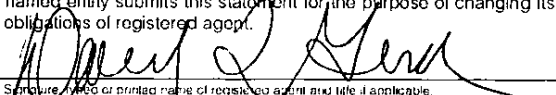
1st MOORE CR2E003 (10/06)

4. FEI Number AP-PLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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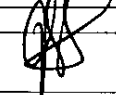
6. Name and Address of Current Registered Agent GORDON, DAVID L 4370 SOUTH TAMiami TRAIL, SUITE 312 SARASOTA FL 34231

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

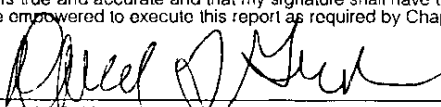
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 2-1-07
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FILE 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 # NAME STREET ADDRESS CITY - ST - ZIP	THE BIRCHWOOD GROUP, L.L.C. 4370 SOUTH TAMiami TRAIL, SUITE 312 SARASOTA FL 34231	STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY ST ZIP	200088446132 02/15/07--01038--001 **500.00
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STAPLE CHECK HERE

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:  DATE 2-1-07 DAYTIME PHONE # 941-922-9508
