

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 PM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03162007 Chg-LP CR2E003 (12/06)

DOCUMENT # A04000001706 1. Entity Name BERRY HILL ESTATES, LTD.								
Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569			Mailing Address 9625 WES KEARNEY WAY RIVERVIEW, FL 33569					
2. Principal Place of Business - No P.O. Box # 5115 JOANNE KEARNEY BLVD.		3. Mailing Address 5115 JOANNE KEARNEY BLVD.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State TAMPA, FL.		City & State TAMPA, FL		4. FEI Number 20-1818609				
Zip 33619		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
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					
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 4/6/07								
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 #	L04000074332		STREET ADDRESS	5115 JOANNE KEARNEY BLVD.				
NAME	BT BERRY HILL, LLC		CITY-ST-ZIP	TAMPA FL 33619				
STREET ADDRESS	9625 WES KEARNEY WAY		500103048425 05/23/07--01007--010 **\$500.00					
CITY-ST-ZIP	RIVERVIEW, FL 33569							
DOCUMENT #						STREET ADDRESS		
NAME						CITY-ST-ZIP		
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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: 4/6/07 DAYTIME PHONE: 813 435-7105					

STAPLE CHECK HERE