


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

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000001755</b> 1. Entity Name <b>BETHEL VALLEY, LTD.</b>	
--	---

Principal Place of Business  
**499 NORTH FERDON BOULEVARD  
CRESTVIEW, FL 32536**

Mailing Address  
**499 NORTH FERDON BOULEVARD  
CRESTVIEW, FL 32536**



02202007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-3733311</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RUSSELL, DAVID A  
499 N FERDON BLVD  
CRESTVIEW, FL 32536**

**DO NOT WRITE  
IN THIS SPACE**

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 *David A. Russell*  
Signature, typed or printed name of registered agent and title if applicable.

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**

DOCUMENT #	
NAME	<b>RUSSELL, DAVID A</b>
STREET ADDRESS	<b>P.O. BOX 757</b>
CITY-ST-ZIP	<b>CRESTVIEW, FL 32536</b>
DOCUMENT #	
NAME	<b>DEAN, DARLENE</b>
STREET ADDRESS	<b>829 HOLBROOK LANE</b>
CITY-ST-ZIP	<b>FT WALTON BEACH, FL 32548</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000710940  
04/25/07-80059-019 500.00

**DO NOT WRITE  
IN THIS SPACE**

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 *David A. Russell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*April 12, 2007*  
Date Daytime Phone #

STAPLE CHECK HERE