2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCL	IMEN	Т#	A040	000	001	1775

1. Entity Name

TAMPA PALMS PROFESSIONAL CENTER, LTD.



Principal Place of Business

3239 HENDERSON BLVD. TAMPA, FL 33609 Mailing Address

3239 HENDERSON BLVD. TAMPA, FL 33609



DO NOT WRITE IN THIS SPACE

01172007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-1881884

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URETTE, GARRISON B 3239 HENDERSON BLVD. TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

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. the obligations of registered agent.	I am familiar with, and accep)l
SIGNATURE Signature, typed or printed name of registered agent and title of 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

OCCUMENT / NAME TAMPA PALMS PROFESSIONAL CENTER, LLC

STREET ADDRESS
CITY-ST-ZIP TAMPA, FL 33609

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14. I hereby certify that the information supplied with this filling agas 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 eignature 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 truetee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTN

876.783 Daylane Phone #