


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # A04074	
1. Entity Name T P R ASSOCIATES, LTD.	
	
Principal Place of Business 4501 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103	Mailing Address 855 E APTAKISIC RD BUFFALO GROVE, IL 60089-6678



01082007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-6578367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

U000000638884
02/28/07-80003-012 500.00
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 #	P20829
NAME	THE LEIDER HORTICULTURAL COMPANIES, INC.
STREET ADDRESS	4501 TAMiami TRAIL NORTH, SUITE 300
CITY-ST-ZIP	NAPLES, FL 34103
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Francis M. Leider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
FRANCIS M. LEIDER

2-13-07

Date

847-834-4060

Daytime Phone #

STAPLE CHECK HERE