


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

DOCUMENT # A04772			
1. Entity Name KARMA LAND VENTURE, LTD			
Principal Place of Business 14021 NW US HWY 441 ALACHUA FL 32615		Mailing Address 2800 NE SR 47 HIGH SPRINGS FL 32643	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CHESBOROUGH, LOWELL D. 14021 NW US HWY 441 ALACHUA FL 32615		7. Name and Address of New Registered Agent Name Lowell D. Chesborough Street Address (P.O. Box Number is Not Acceptable) 2800 N. E. SR -47 High Springs, FL 32643 City FL Zip Code	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 31 AM 9:46



1st MOORE CR2E003 (10/06)

4. FEI Number **59-1674303** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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 _____
Signature, typed or printed name of registered agent and date if applicable

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 #	CHESBOROUGH, LOWELL D. 14021 NW US HWY 441 ALACHUA FL 32615	STREET ADDRESS	300087502153 02/06/07--01046--015 **508.75
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE