


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 16 AM 9:16

DOCUMENT # A05000000209				
1. Entity Name NE PALM BAY PROPERTIES, LTD				
Principal Place of Business 741 AZURE AVE NE PALM BAY, FL 32905		Mailing Address 741 AZURE AVE NE PALM BAY, FL 32905		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Country		4. FEI Number 20-2264560
Country		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
BIRAN C HERNDON PA 800 VIRGINA AVE 38-1 FT PIERCE, FL 34982		Name <i>Biran C. Herndon, P.A.</i>		
		Street Address (P.O. Box Number is Not Acceptable)		
		<i>8418 S. US Highway 1 Port St. Lucie FL Zip Code 34952</i>		
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 <i>B.C.</i>				DATE <i>1/18/07</i>
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 #	NAME	STREET ADDRESS		
NAME	RAYMOND, ALLAN I SR	STREET ADDRESS		
STREET ADDRESS	741 AZURE AVE NE	CITY - ST - ZIP		
CITY - ST - ZIP	PALM BAY, FL 32905	CITY - ST - ZIP		
DOCUMENT #	NAME	STREET ADDRESS		
NAME	RAYMOND, KATHLEEN P	STREET ADDRESS		
STREET ADDRESS	741 AZURE AVE NE	CITY - ST - ZIP		
CITY - ST - ZIP	PALM BAY, FL 32905	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: <i>Kathleen Raymond</i>				DATE: <i>1/12/07</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone # <i>321-674-3944</i>

STAPLE CHECK HERE