


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A0500000285

1. Entity Name
VIVA CAPRI, LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 JAN 12 AM 9:18

Principal Place of Business
 407 COBIA
 FT. WALTON BEACH, FL 32548

Mailing Address
 2008 GOSHAWK
 SAN DIEGO, CA 92123

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01072007 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-2377498

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, KELLY
 225 ADAMS CREEK ROAD
 DEFUNIAK SPRINGS, FL 32433

address change only

7. Name and Address of New Registered Agent

Name **HALL, KELLY K.**

Street Address (P.O. Box Number is Not Acceptable)
951 DON DR.

City **FT. WALTON BEACH FL** Zip Code **32547**

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 title if applicable.

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 #	F05000000653
NAME	NEIL LARSON SHARPENING SERVICE, INC.
STREET ADDRESS	2008 GOSHAWK ST
CITY-ST-ZIP	SAN DIEGO, CA 92123
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700095013667
CITY-ST-ZIP	01/18/07--01037--005 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Neil K. Larson* **NEIL K. LARSON** 1/8/07 (858) 518-1457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE