

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 19 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000000363		
1. Entity Name ELEMENT SKUL LIMITED PARTNERSHIP		

Principal Place of Business 50 COCOANUT ROW, SUITE 212 PALM BEACH, FL 33480	Mailing Address P.O. BOX 11 PALM BEACH, FL 33480
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2. Principal Place of Business - No P.O. Box # 340 ROYAL POINCIANA WAY Suite, Apt. #, etc. SUITE # 326 City & State PALM BEACH, FLORIDA Zip 33480 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01232007 Chg-LP CR2E003 (12/06)

4. FEI Number 90-0269582 APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAFT, STUART J ESQ. % ALLEY, MAASS, ROGERS & LINDSAY, P.A. 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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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 #	ELEMENT SKUL SS, INC.	STREET ADDRESS	
NAME	50 COCOANUT ROW, SUITE 212	CITY - ST - ZIP	
STREET ADDRESS	PALM BEACH, FL 33480		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

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03/28/07--01033--011 **500.00

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 Jan 29/07	Daytime Phone # 416222 5355
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STAPLE CHECK HERE