

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**DOCUMENT # A05000000380**

1. Entity Name  
**JERRY L. WALLACE LIMITED PARTNERSHIP**



FILED

07 MAY 18 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4458 OCEAN VIEW DRIVE**  
**DESTIN, FL 32541 US**

Mailing Address  
**PO BOX 7039**  
**DESTIN, FL 32540**

2. Principal Place of Business - No P.O. Box #  
**151 Regions Way**  
Suite, Apt. #, etc. **6A**  
City & State **Destin, FL**  
Zip **32541** Country **USA**

3. Mailing Address  
**151 Regions Way**  
Suite, Apt. #, etc. **6A**  
City & State **Destin, FL**  
Zip **32541** Country **USA**



05072007 Chg-LP CR2E003 (12/06)

4. FEI Number **20371531** Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DOWD, JOHN R JR.**  
**285 HIGHWAY 98 EAST**  
**SUITE A**  
**DESTIN, FL 32541**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	L04000090003	STREET ADDRESS	<b>200103608712</b>
NAME	DEALMAKERS SQUARE, LLC	CITY-ST-ZIP	<b>05/31/07-01027-017 **500.00</b>
STREET ADDRESS	4458 OCEAN VIEW DRIVE		
CITY-ST-ZIP	DESTIN, FL 32541		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: *Jerry L Wallace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**5/18/07**

Date

Daytime Phone #

STAPLE CHECK HERE