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

Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am far the obligations of registered agent.  SIGNATURE  FILE NOWILI FEE IS \$500.00  Due by September 14, 2007  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	DOCUMENT # A0500000380  1. Entity Name JERRY L. WALLACE LIMITED PARTNERSHIP					FILED 07 MAY 18 AM 9: 42		
Suite, Act. 1, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	4458 OCEAN VII	IEW DRIVE	PO BOX 7039		4		ning (NSL 1871) SS(181) AL 1881	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am far the othigations of registered agent  8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am far the othigations of registered agent  8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am far the othigations of registered agent, or both, in the State of Florida. I am far the othigations of registered agent.  8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am far the othigations of registered agent, or both, in the State of Florida. I am far the othigations of registered agent.  9. The Advisory of the Initiate of Florida. I am far the othigations of registered agent, or both, in the State of Florida. I am far the othigations of registered agent.  9. The Advisory of the Initiate of Florida. I am far the othigations of registered agent, or both, in the State of Florida. I am far the othigations of registered agent.  9. The Advisory of the Initiate of Florida. I am far the othigations of registered agent, or both, in the State Advisory of Florida. I am far the othigations of registered agent, or both, in the State Advisory of Florida. I am far the othigations of registered agent, or both, in the State Advisory of Florida. I am far the othigations of registered agent, or both, in the State Advisory of Florida. I am far the othigations of registered agent, or both, in the State Advisory of Florida. I am far the othigations of Florida. I am far the othigations of Florida.	151 Kenions Way 151 Kenions				05072007	Chg-LP CR2E	003 (12/06)	
B. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  DOWD. JOHN R. IR. 285 HIGHWAY 98 EAST SUITE A DESTIN, FL 32541  City  FL  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am far the obligations of registered agent.  SIGNATURE  Signature, typed or printed reme of implicated agent and this if exploses.  DATE  AGENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  142. GENERAL PARTINER INFORMATION  15. ADDRESS CHANGES ONLY  16. The above named entity submits into statement for the purpose of changing its registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of registered agent, or both, in the State of Florida. I am far the obligations of Florida. I am far the oblig	Sity & State	tin FC	Destin,	F/			Applied For Not Applicable  \$8.75 Additional	
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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 certificated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the same legal effect as if made under eath; that I am a General Partner of the same legal effect as if made under eath; that I am a General Partner of the same legal effect as if made under eath; that I am a General Partner of the same legal effect as if made under eath; that I am a General Partner of the same legal effect as if made under eath; that I am a General Partner of the same legal effect as if made under eath; the same legal effect as if made under eath; the same legal effect as if made under eath; that I am a General Partner of the same legal effect as if made under eath; the same legal effect as if made under eath; the same legal effect as if made under eath; the same legal effect as if made under eath; the same legal effect as if made under eath; the same legal effect as if made under eath; the same legal effect as if made under eath; the same legal effect as if made under eath; the same legal effect as if made under eath; the same legal effect as if made under eath; the same legal effect as if made under eath eather eath	STREET ADDRESS CITY-ST-ZIP			L		PA		
or the receiver or trustee employered to execute this proof as required by Chapter 620, Florida Statutes  SIGNATURE: 580								