


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Feb 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> A05000000726 <b>1. Entity Name</b> NORTH PORT DEAL LLLP	
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<b>Principal Place of Business</b> 7457 PARK LANE LAKE WORTH FL 33467	<b>Mailing Address</b> 7457 PARK LANE LAKE WORTH FL 33467
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<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc. City & State Zip	<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E003 (10/06)

<b>4. FEI Number</b> 20-2689641	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> LANCIANESE, MICHELLE 7457 PARK LANE LAKE WORTH FL 33467
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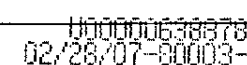
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP	L05000092960 NORTH PORT DEAL GPNER, LLC 7457 PARK LANE LAKE WORTH FL 33410	<b>STREET ADDRESS</b> CITY-ST-ZIP	 02/26/07-80003-007 500.00
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
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STAPLE CHECK HERE

**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

Daytime Phone #

2-10-07 561-439-2903