## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ALEX R. DEEB, PRESIDENT OF JHDF, INC., ITS GEN. PARTNER

## **Due By May 1, 2007** FILEU SECRETARY OF STATE DOCUMENT # A05000000814 DIVISION OF CORPORATIONS DEEB SIGNATURE HOMES, LTD. 07 FEB -6 AM 9: 57 Principal Place of Business Mailing Address 9020 RANCHO DEL RIO DRIVE, STE. 125 9020 RANCHO DEL RIO DRIVE, STE. 125 NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9400 River Crossing Blvd. 9400 River Crossing Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 102 01182007 CR2E003 (12/06) Cha-LP City & State New Port Richey, FL Applied For City & State 4. FEI Number New Port Richey, FL APPLIED FOR Not Applicable Zip 34655 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34655 Pasco Pasco 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Alex R. Deeb DEEB, ALEX R Street Address (P.O. Box Number is Not Acceptable) 9400 River Crossing Blvd 9020 RANCHO DEL RIO DRIVE, STE, 125 NEW PORT RICHEY, FL 34655 Suite 102 Zip Code New Port Richey 34655 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 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. P05000045224 DOCUMENT # STREET ADDRESS 9400 River Crossing Blvd., Suite 102 NAME JHDF, INC. STREET ADDRESS 9020 RANCHO DEL RIO DRIVE, STE. 125 New Port Richey, FL CITY-ST-ZIP 34655 CITY-ST-7IP NEW PORT RICHEY, FL 34655 DOCHMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 100088445311 <del>02/15/07--01037--013 \*\*508.75</del> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

376-6831