

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 30 AM 11:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04172007 Chg-LP CR2E003 (12/06)

4. FEI Number **APPLIED FOR** Applied For  
 Not Applicable

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

**DOCUMENT # A05000001035**  
 1. Entity Name  
 600 WILKINSON, LLP



Principal Place of Business Mailing Address  
 901 VIA LUGANO 901 VIA LUGANO  
 WINTER PARK, FL 32789 WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

6. Name and Address of Current Registered Agent  
 DFLATER, RICHARD  
 C/O WELWYN MANAGEMENT CO.  
 901 VIA LUGANO  
 WINTER PARK, FL 32789

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

*QAS*

**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 #	DELATER, RICHARD E	STREET ADDRESS	
NAME	901 VIA LUGANO	CITY-ST-ZIP	
STREET ADDRESS	WINTER PARK, FL 32789		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200102538942
NAME		CITY-ST-ZIP	05/15/07--01049--001 **500.00
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STREET ADDRESS			
CITY-ST-ZIP			

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: \_\_\_\_\_ Date: 4/17/07 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER