

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

<b>DOCUMENT # A05000001636</b> 1. Entity Name <b>BUSKIRK PARTNERS, LTD.</b>			
Principal Place of Business <b>303 9TH STREET WEST SUITE 201 BRADENTON, FL 34205</b>		Mailing Address <b>303 9TH STREET WEST SUITE 201 BRADENTON, FL 34205</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip      Country		City & State Zip      Country	

**FILED**

2007 APR 23 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04032007    Chg-LP    CR2E003 (12/06)

4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>PORGES, GREGORY J 1205 MANATEE AVE. WEST BRADENTON, FL 34205</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 \$500.00**  
**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000020202	STREET ADDRESS	
NAME	BUSKIRK HOLDINGS, INC.	CITY-ST-ZIP	
STREET ADDRESS	303 9TH STREET WEST		
CITY-ST-ZIP	BRADENTON, FL 34205		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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 05/03/07 01013 019 \*\*500.00

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 # \_\_\_\_\_