## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## **Due By May 1, 2007** FILED **DOCUMENT # A05000001661** FALCON HOUSE, LTD. 2007 MAR - I AM 10: 19 Principal Place of Business Mailing Address SECRETARY OF STATE **75 NE 6TH AVENUE 75 NE 6TH AVENUE** TALLAHASSEE, FLORIDA SUITE 103 SUITE 103 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 02202007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3375970 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEINSTEIN, NORMAN S DO NOT WRITE **75 NE 6TH AVENUE SUITE 103** IN THIS SPACE DELRAY BEACH, FL 33483 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 little 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. 12. GENERAL PARTNER INFORMATION P96000025510 DOCUMENT # NAME STATESIDE CAPITAL CORP. STREET ADDRESS 75 NE 6TH AVENUE, SUITE 103 200092354722 CITY-ST-ZIP DELRAY BEACH, FL 33483 03/13/U/--U1U25--019 \*\*500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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

Norman S. Weinstein SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHECK

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

2/21/07

561-278-9292

Daytime Phone #