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

## May 02, 2007 08:00 AM

	1. Entity Nam CHUCK C	DOCUMENT # A0500001687  I. Entity Name CHUCK CLARY ENTERPRISES OF NWF, LTD.  Principal Place of Business P.O. BOX 778  P.O. BOX 778  P.O. BOX 778				Šed	cretary	of State	
	SHALIMAR, F		SHALIMAR, FL 32579		(				
•	D	DO NOT WRITE IN THIS SPA		CE	01112007 No Chg-LP				
				5. Certificate of Status	Desired		5 Additional equired		
	6. Name and Address of Current Registered Agent FOSTER, WILLIAM S 909 MAR WALT DRIVE 1014 FORT WALTON BEACH, FL 32547				DO NOT WRITE IN THIS SPACE				
	8. The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.			ered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept  U0000756343  05/23/07-80024-018 500 00  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.								
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER CWC CORPORATION P.O. BOX 778 SHALIMAR, FL 32579	1 INPOHMATION						
R	DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE				
STAPLE CHECK HERE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME								

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:

DOCUMENT # NAME STREET ADDRESS