


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # A05000001827	
1. Entity Name NELSON APOPKA, LTD.	

Principal Place of Business 604 SOUTH LAKE SYBELIA DRIVE MAITLAND, FL 32751	Mailing Address 604 SOUTH LAKE SYBELIA DRIVE MAITLAND, FL 32751
---	---

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-3564707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAMPDEN, EDMUND P 604 SOUTH LAKE SYBELIA DRIVE MAITLAND, FL 32751
--

DO NOT WRITE IN THIS SPACE

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

00000585743
 01/16/07-80025-011 500.00

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	
DOCUMENT #	L05000095103
NAME	NELSON APOPKA GP, LLC
STREET ADDRESS	604 SOUTH LAKE SYBELIA DRIVE
CITY-ST-ZIP	MAITLAND, FL 32751
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Edmund Hampden **EDMUND HAMPDEN G.P.** 1/9/07 407-644-9146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #