

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**Jul 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # A05000002194

1. Entity Name  
JUDITH M. NICKELSON LIMITED PARTNERSHIP



Principal Place of Business  
1701 HIGHWAY A-1-A, SUITE 218  
VERO BEACH, FL 32963

Mailing Address  
1701 HIGHWAY A-1-A, SUITE 218  
VERO BEACH, FL 32963



07052007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 77-0635326	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

WILSON, NAOMI  
1701 HIGHWAY A-1-A, SUITE 218  
VERO BEACH, FL 32963

**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

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

UN00000770635  
07/26/07-80006-008 500.00  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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 #	
NAME	NICKELSON, JUDITH M
STREET ADDRESS	1701 HIGHWAY A-1-A, SUITE 218
CITY - ST - ZIP	VERO BEACH, FL 32963

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IN THIS SPACE**

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 #

(772) 234-7454

STAPLE CHECK HERE