


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A05000002218 1. Entity Name JERRY WALLACE DEVELOPMENTS LLLP	
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Principal Place of Business 4458 OCEAN VIEW DRIVE DESTIN, FL 32541	Mailing Address P.O. BOX 7039 DESTIN, FL 32540
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2. Principal Place of Business - No P.O. Box # 151 Regions Way Suite, Apt. #, etc. 6A	3. Mailing Address 151 Regions Way Suite, Apt. #, etc. 6A
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City & State Destin FL	City & State Destin FL
Zip 32541	Zip 32541
Country USA	Country USA

6. Name and Address of Current Registered Agent DOWD, JOHN R JR. 285 HARBOR BLVD. SUITE A DESTIN, FL 32541	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A05000001083	STREET ADDRESS	500103608605
NAME	THE JERRY WALLACE COMPANIES, LLLP	CITY-ST-ZIP	05/31/07--01027--015 **500.00
STREET ADDRESS	4458 OCEAN VIEW DRIVE		
CITY-ST-ZIP	DESTIN, FL 32541		
DOCUMENT #	L02000027234	STREET ADDRESS	
NAME	JERRY WALLACE DEALMAKERS, LLC	CITY-ST-ZIP	
STREET ADDRESS	4458 OCEAN VIEW DRIVE		
CITY-ST-ZIP	DESTINE, FL 32541		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
 07 MAY 18 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



05072007 Chg-LP CR2E003 (12/06)

4. FEI Number 76-0810329	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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STAPLE CHECK HERE

[Handwritten Signature]

5/8/07