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

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Principal Prince of Business  Mailing Address  4488 0CEAN LEW EW RIVE  DESTIN, FL 32541  2 Principal Prince of Business  Syllin, Ag. 4, etc.  2 Principal Prince of Business  Syllin, Ag. 4, etc.  3 Multing Address  Syllin, Ag. 4, etc.  4 Plumber  Syllin, Ag. 4, etc.  5 Certificate of Status Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin, Ag. 4, etc.  5 No. 4 Address of Syllin Desired  Syllin Des	1. Entity Nam	ne							a. 1.2	
2. **Simple Proc of Business - No. P.O. Box # S. **Mailing Addispase	Principal Plac	e of Business	Mailing Address						-	
Sylles, Ag. 4, etc.  Sylles, A							SECRETAI TALLAHAS	RY OF S SEE, FL	TATE ORIDA	
Secret Address (P.O. Box Number is Not Acceptable)   Street Address of New Registered Agent   Street Address of New R	2. Principal P	Hose of Business - No P.O. Box #	3. Mailing Address	Z I On	s way					
Secondary   Seco	Sulite, Asi	#, etc.	Suite, Apr #, etc.	)		05072007	Chg-LP	CR2E0	03 (12/06)	
Fee Required  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  DOWD, JOHN R JR. 285 HARBOR BLVD, SUITE A DESTIN, FL 32541  City  FL Zip Code  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 accident the obligations of registered agent.  SIGNATURE  FILE NOWILI FEE IS \$500.00  The immediate 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 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 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 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  4458 OCEAN VIEW DRIVE  DESTIN, FL 32541  DOUBLET I ADDRESS  CITY-ST-2P  DOUBLET I ADDRESS  CITY-ST-2P  DOUBLET I ADDRESS  SIRET ADDRESS  CITY-ST-2P  DOUBLET I ADDRESS  CIT		STIN FL	Destin	, FL	<u> </u>	4. FE Number	0810 <u>30</u>	<u> </u>	Applied For Not Applicable	
DOWD, JOHN R JR. 285 HARBOR BLVD. SUITE A DESTIN, FL 32541    City   FL   Zip Code	325	11 USH	32541 Registered Agent	145	A			<u> </u>	Fee Required	
285 HARBOR BLVD. SUITE A DESTIN, FL 32541  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.  Signature  File Now III FEE Is \$500.00  Due by September 14, 2007  A GENERAL PARTINER 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 / NAME  SIREET NORMSS  CITY-ST-2P  DOCUMENT / NAME  JERRY WALLACE COMPANIES, LLLP  THE JERRY WALLACE COMPANIES, LLLP  DOCUMENT / NAME  JERRY WALLACE DEALMAKERS, LLC  SIREET ADDRESS  CITY-ST-2P  DOCUMENT / NAME  SIREET NORMSS  CITY-ST-2P  DOCU					Name	v. Hame dile A	daress of New IV	ogration ed 7	Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.  SIGNATURE    Signature, typed or pursed name of registered agent until till applicable.   DATE	285 HARB	OR BLVD. SUITE A			Street Address (	P.O. Box Number	is Not Acceptable	)		
3. 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 accidence of registered agent.  SignATURE    SignATURE   Signature, typed or prefets reame of registered agent and tilled applicable.    PILE NOWIII   FEE IS \$500.00	DESTIN, 1	2041			Cin				7: 0: 1:	
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14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and that my senature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnersh or the receiver or trustee empowered to execute this regard as equired by grapher 620, Florida Statutes		certify that the information supplied wit	h this filing does not qualify			d in Chapter 119,	Florida Statutes.	further cer	tify that the information	
or the receiver or trustee empowered to execute this report as equired by Grapher 620, Florida Statutes	I indicated	eiver or trustee exhowered to avecute	this report as required by O	rapier 620.	ғуал елест as if m Florida Statutes	ade under oath; t	nat I am a Genera	al Partner of	the limited partnership	
SIGNATURE: SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #	or the rec	iones of transce disposing to the careful.	4 [.] []]			_	مارم			