

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR -5 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082007 Chg-LP CR2E003 (12/06)

4. FEI Number
14-1944653

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIRAN C HERNDON PA
795 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

7. Name and Address of New Registered Agent

Name Biran C. Herndon PA

Street Address (P.O. Box Number is Not Acceptable)

8418 S US Highway 1

City Port St. Lucie

FL

Zip Code 34952

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

1/8/07
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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	BAGLIN, RAY
STREET ADDRESS	128 QUEEN BESS COURT
CITY-ST-ZIP	FORT PIERCE, FL 34949
DOCUMENT #	
NAME	BAGLIN, CAROL
STREET ADDRESS	128 QUEEN BESS COURT
CITY-ST-ZIP	FORT PIERCE, FL 34949
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600096509086
CITY-ST-ZIP	04/11/07--01041--019 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 Raymond E. Baglin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Raymond E. Baglin

3/6/07 772 465-6629
Date Daytime Phone #

STAPLE CHECK HERE