


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 JAN 16 AM 9:17

DOCUMENT # A05269

1. Entity Name
 NASSAU HOMES, LTD.



Principal Place of Business Mailing Address

4040 NEWBERRY ROAD 3111 PACES MILL RD.
 SUITE 1000 SUITE A-250
 GAINESVILLE, FL 32607 ATLANTA, GA 30339

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1200 S. 15th Avenue Suite, Apt. #, etc.


City & State City & State

Ferradina Beach, FL

Zip Country Zip Country

32034 USA

PK



01032007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For

59-1823047 Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, SUSAN
 4040 NEWBERRY ROAD
 SUITE 1000
 GAINESVILLE, FL 32607

7. Name and Address of New Registered Agent

Name

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 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

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 #	M03000001595	STREET ADDRESS	
NAME	HALLMARK GROUP SERVICES OF FLORIDA, LLC	CITY-ST-ZIP	
STREET ADDRESS	3111 PACES MILL ROAD SUITE A-250		
CITY-ST-ZIP	ATLANTA, GA 30339		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500085015745
STREET ADDRESS			01/19/07--01038--004 **508.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Monte N. G...* 1-12-07 770-984-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #