2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A05669

1. Entity Name POLYGON ASSOCIATES, LTD.



FILED Apr 19, 2007 08:00 A Secretary of State

Principal Place of Business

C/O CONTINENTAL PROPERTY SERVICES, INC. 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118 Mailing Address

C/O CONTINENTAL PROPERTY SERVICES, INC. 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118



01252007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-1792274

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name a	nd Address	of Current	Registered	Agent

CONTINENTAL PROPERTY SERVICES, INC. 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

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named entity submits this statement for the purpose of changing its ritions of registered agent.	egistered office or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept
Signalure, typed or printed name of registered agent and little it applicable	· · · · · · · · · · · · · · · · · · ·	DATE
FILE NOW!!! FEE IS \$500.00	.00	
NOTE: General Partners MAY NOT be changed on th		
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DAYTONA BEACH, FL 32118		
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		05/01/07-80023-019 500.0
	Signature, typed or printed name of registered agent and life if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900 A GENERAL PARTNER THAT IS A BUSINESS EN	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 REGIST NOTE: General Partners MAY NOT be changed on the form; an amendmen GENERAL PARTNER INFORMATION L01000014524 ROLF H. GARDEY, L.L.C. 444 SEABREEZE BLVD., SUITE 600

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 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 his report as required by Chapter 620, Florida Statutes.

SIGNATURE:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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Daytime Phone #