


2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

DOCUMENT # A06000000077		
1. Entity Name WINGHOUSE OF BEDFORD, LTD.		

Principal Place of Business 7491 ULMERTON ROAD, SUITE B LARGO, FL 33771	Mailing Address 7491 ULMERTON ROAD, SUITE B LARGO, FL 33771
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07 MAY 10 11:42
STATE
ALL IN THE STATE OF FLORIDA

04242007 Chg-LP CR2E003 (12/06)

4. FEI Number **20-4303039** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	
FOWLER WHITE BOGGS BANKER P.A. ATTN: R. ALAN HIGBEE 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602	

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.	
DOCUMENT #	P05000151495	STREET ADDRESS	
NAME	KER TEXAS, INC.	CITY-ST-ZIP	
STREET ADDRESS	7491 ULMERTON ROAD, SUITE B		
CITY-ST-ZIP	LARGO, FL 33771		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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

4/24/07 727-535-2439
Date Daytime Phone #