


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 5, 2007**

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # A06000000258</b>   |         |  |         |
| 1. Entity Name<br><b>IB SOFTWARE ENTERPRISES, L.P.</b>                                 |         |   |         |
| Principal Place of Business<br><b>306 BAY DRIVE SOUTH<br/>BRADENTON BEACH FL 34217</b> |         | Mailing Address<br><b>306 BAY DRIVE SOUTH<br/>BRADENTON BEACH FL 34217</b>        |         |
| 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 |

**FILED**  
**07 SEP 10 AM 9:34**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2nd MOORE CR2E003 (4/07)

4. FEI Number ☒ Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COHEN & GRIGSBY, P.C.  
27200 RIVERVIEW CENTER BLVD.  
SUITE 3098  
BONITA SPRINGS FL 34134**

**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

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

DATE

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.



**File Now!!! Fee is \$900.00 • Due By September 5, 2007**

**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 #                      | P06000020462                 | STREET ADDRESS           |  |
| NAME                            | IB SOFTWARE MANAGEMENT, INC. | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 306 BAY DRIVE SOUTH          |                          |  |
| CITY-ST-ZIP                     | BRADENTON BEACH FL 34217     |                          |  |
| DOCUMENT #                      |                              | STREET ADDRESS           |  |
| NAME                            |                              | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                              |                          |  |
| CITY-ST-ZIP                     |                              |                          |  |
| DOCUMENT #                      |                              | STREET ADDRESS           |  |
| NAME                            |                              | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                              |                          |  |
| CITY-ST-ZIP                     |                              |                          |  |
| DOCUMENT #                      |                              | STREET ADDRESS           |  |
| NAME                            |                              | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                              |                          |  |
| CITY-ST-ZIP                     |                              |                          |  |
| DOCUMENT #                      |                              | STREET ADDRESS           |  |
| NAME                            |                              | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                              |                          |  |
| CITY-ST-ZIP                     |                              |                          |  |

**450109297804**  
**09/11/07--01022--007 \*\*500.00**

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 62C, Florida Statutes

**SIGNATURE:**

*Ina S Fleishman*

**INA S FLEISHMAN**

**8-22-07**

**412-760-9165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE