## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

Secretary Control   Secretary   Secretar	DOCUMENT # A0600000270  1. Entity Name THE FLORIDA VALUE FUND, LLLP				E[LED] 2001 HAY 18 P 1: 09			
Sulin, Apt. 4, sec. Sulin, Apt. 5, sec. Sulin, Apt. 6, sec. Sulin, Apt. 7, sec. Sulin, Apt. 6, sec. Sulin, Apt. 6, sec. Sulin, Apt. 6, sec. Sulin, Apt. 6, sec. Sulin, Apt. 7, sec. Sulin, Apt. 6, sec. Sulin, Apt. 7, sec. Sulin, Apt. 6, sec. Sulin,	Principal Place of Business  1499 SHORELINE WAY HOLLYWOOD, FL 33019  # 906  Mailing Address  1490 SHORELINE WAY HOLLYWOOD, FL 33019							
Sulin, Apt. 4, sec. Sulin, Apt. 5, sec. Sulin, Apt. 6, sec. Sulin, Apt. 7, sec. Sulin, Apt. 6, sec. Sulin, Apt. 6, sec. Sulin, Apt. 6, sec. Sulin, Apt. 6, sec. Sulin, Apt. 7, sec. Sulin, Apt. 6, sec. Sulin, Apt. 7, sec. Sulin, Apt. 6, sec. Sulin,	Aventura, FL 33180							
City & State  City & State  City & State  City & State  A FEI Number  A	Principal Place of Business - No P.O. Box #     3. Mailing Address							
Typ   Country   Zpp   Country   St. Certificate of Status Desired   St. 75 Additional to Report of St. 75 Additional to Re	Suite, Apt. #, etc.	Suite, Apt. #, etc.	uite, Apt. #. etc.		02032007 Chg-	LP CR2	E003 (12/06)	
S. Certificate of States Desired States Desired Services	City & State City & State				4. FEI Number		F-1 ''	
Nume   Street Address (P.O. Box Number is Not Acceptable)	Zip Cou	Country Zip Cou		ıry	5. Certificate of Status	Desired	\$8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent			Name	7. Name and Address	of New Registere	d Agent	
8. The above rained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pricina. I am familiar with, and accept the obligations or registered agent.  SIGNATURE    Cartier	1200 SOUTH PINE ISLAND ROAD							
8. The above rained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pricina. I am familiar with, and accept the obligations or registered agent.  SIGNATURE    Cartier								
The obligations of registered agent.  SIGNATURE  TILE NOWILL FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00  After May 2, 2007, Fee will be \$900.00  After May				City		F	L Zip Code	
FILE NOW!!! FEE IS \$500.00  After May 1, 2007, Fee will be \$900.00  A GENERAL PARTINER 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  OCUMENT IN THE PARTNERS, LLC 2999 NE /9 /5 /4  490								
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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT I  MAKE  SIRET ADDRESS  GITY-ST-2P  DOCUMENT I  MAKE  SIRET AD	Signature, typed or prince	d name of registered agent and title if applicable			····	DATE	<u> </u>	
STREET ADDRESS   CITY-ST-2P	After May 1, 2007, Fee will be \$900.00							
DOCUMENT / NAME STREET ADDRESS CITY-ST-2P DOCUMENT / NAME STREET ADDRESS								
PVF PARTNERS, LLC   1906   1975.   1976   1975.   1976   1975.   1976   1975.   1976   1975.   1976   1975.   1976   1975.   1976   1975.   1976   1975.   1976   1975.   1976   1975.   1976   1975.   1976   1975.   1976   1975.   1976   1976.	· · · · · · · · · · · · · · · · · · ·		ADD	RESS CHANGES (	DNLY			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  TABLES ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TABLES ADDRESS CITY-ST-ZIP	NAME FVF PARTNERS, LLC 2999 NE 1915t. STREET ADDRESS HORELINE WAY #906.						<u> </u>	
STREET ADDRESS CITY-ST-ZIP  COLUMENT / NAME STREET ADDRESS CITY-ST-ZIP  COCUMENT / NAME STREET ADDRESS CITY-ST	DOCUMENT #	33180	1	ET ADDRESS			·	
STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  Thereby 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 partner ship or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  ### 25 67 8-5 933-5800	STREET ADDRESS		CITY	- ST - ZIP	7001	03411	167	
STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  TAMAE STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  14. 1 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 product this report as required by Chapter 620. Florida Statutes  SIGNATURE:  4/25/07  605)933-5800			STRE	ET ADORESS	05/29/07-	-0100401	9 **500.00	
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  Thereby 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:	STREET ADDRESS		CITY	-ST-ZIP				
CITY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT / NAME  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:  4/25/07  365/933-5800	l ,		STRE	EET ADORESS				
NAME STREET ADDRESS CHY-ST-ZIP  DOCUMENT / NAME SIREET ADDRESS CHY-ST-ZIP  SIREET ADDRESS CHY-ST-ZIP  14. 1 hereby certify that the information supplied with this filing does not quality 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:    14		·-	CITY	-S1-ZIP				
CITY-ST-ZIP  DOCUMENT / NAME  SIREET ADDRESS  CITY-ST-ZIP  14. 1 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:  4/25/07  365/933-5800	NAME		STRE	EET ADDRESS				
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SIGNATURE AND SEED OF PRINTED NAME OF SIGNING GENERAL PARTNER / Date Day tree Priors &		SNATURE OF SIGNING GENER	RAL PARTNI	ER /	4/25/07	Bos	)933-5800 Daytire Prime #	