


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000432 1. Entity Name TEC 4 FUN, L.P.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 23 AM 9:21

Principal Place of Business 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309	Mailing Address 5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309
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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

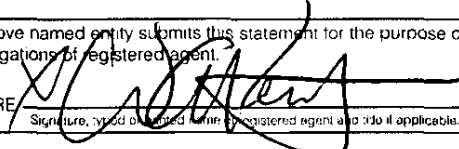
01042007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-4581741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
NILES, CHRISTOPHER D 2400 EAST COMMERCIAL BOULEVARD 208 FORT LAUDERDALE, FL 33308	

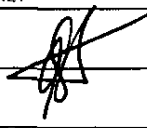
7. Name and Address of New Registered Agent	
Name WILLIAM A. KENT	
Street Address (P.O. Box Number is Not Acceptable) 5755 POWERLINE ROAD	
City FORT LAUDERDALE	Zip Code FL 33309

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  **WILLIAM A. KENT, PRES.** 1/18/07
Signature, typed or printed name of registered agent and title if applicable. DATE

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 #	P01000033775	STREET ADDRESS	
NAME	HORNERXPRESS, INC.	CITY-ST-ZIP	
STREET ADDRESS	5755 POWERLINE ROAD		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400086232054
STREET ADDRESS			01/25/07--01040--017 **500.00
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			

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:  **WILLIAM KENT** 1/18/07 954-772-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #