

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000453

1. Entity Name
US SUNBELT, LTD.



FILED

2007 MAY 18 P 1:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**200 S. ORANGE AVE., SUITE 2025
ORLANDO, FL 32801 US**

Mailing Address
**200 S. ORANGE AVE., SUITE 2025
ORLANDO, FL 32801 US**

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

02022007 Chg-LP CR2E003 (12/06)

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

7. Name and Address of New Registered Agent

**URBAN & THIER, P.A.
545 DELANEY AVENUE
BUILDING 7
ORLANDO, FL 32801**

Name
Urban & Thier, P.A.

Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Avenue, Suite 2025

City
Orlando

FL

Zip Code
32801

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

05/01/07

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 # **P03000107619**
NAME **JUPITER USA, INC.**
STREET ADDRESS **545 DELANEY AVENUE, BUILDING 7**
CITY-ST-ZIP **ORLANDO, FL 32801**

STREET ADDRESS **200 S. Orange Avenue, Suite 2025**
CITY-ST-ZIP **Orlando, FL 32801**

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**600103411416
05/29/07--01004--026 **\$00.00**

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dcc

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

05/01/07 407-245-8360

Date

Daytime Phone #

STAPLE CHECK HERE