

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**

07 JUN 14 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A06000000476**

1. Entity Name  
**SONORA FARMS PARTNERS, L.L.P.**



Principal Place of Business  
**8647 VIA REALE #1  
BOCA RATON, FL 33496**

Mailing Address  
**8647 VIA REALE #1  
BOCA RATON, FL 33496**

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

06042007

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

**EDELSON, ALBERT  
8647 VIA REALE #1  
BOCA RATON, FL 33496**

7. Name and Address of New Registered Agent

Name  
**Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays ~~8100~~ Street**

City  
**Tallahassee** **FL** Zip Code  
**32301**

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

*Jacqueline N. Casper*

**-Jacqueline N. Casper**

*6/4/07*

DATE

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

**Asst. Vice President**

**FILE NOW!!! FEE IS \$900.00**

**On or after September 14, 2007, Fee will be \$1000.00**

**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

DOCUMENT # **D06000000006**  
NAME **THE SALLY H. EDELSON REVOCABLE TRUST**  
STREET ADDRESS **8647 VIA REALE #1**  
CITY-ST-ZIP **BOCA RATON, FL 33496**

DOCUMENT #  
NAME  
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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **c/o Gary M. Edelson, Esq.**  
**Montgomery, McCracken, Walker & Rhoads**  
CITY-ST-ZIP **123 South Broad Street**  
**Philadelphia, PA 19109**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**100104674121**  
**05/21/07--01048--003 \*\*900.00**

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 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*6/5/07*

DATE

*215 772-7244*

Daytime Phone #