

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000496 1. Entity Name WINCOE LIMITED PARTNERSHIP						FILED 07 MAY 24 AM 9:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business P.O. BOX 770756 WINTER GARDEN, FL 34777				Mailing Address P.O. BOX 770756 WINTER GARDEN, FL 34777			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 41-2203991				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 LIEBI, WARD A 16031 MAGNOLIA CREEK LANE MONTVERDE, FL 34756				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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 # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
P06000033260 ACI PROPERTY MANAGEMENT, INC. 16031 MAGNOLIA CREEK LANE MONTVERDE, FL 34756				300103639083 06/01/07--01007--017 **\$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 620, Florida Statutes							
SIGNATURE: <u>David J. Mann</u> DAVID J. MANN - Pres <u>4/27/07</u> <u>407-399-5542</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>							

STAPLE CHECK HERE