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2007 APR 30 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

<b>DOCUMENT # A06000000669</b>	
1. Entity Name <b>FIRST AUSSIE PROJECT LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>2248 MERIDIAN BOULEVARD, SUITE H MIRDEN, NV 89423</b>	Mailing Address <b>2248 MERIDIAN BOULEVARD, SUITE H MIRDEN, NV 89423</b>
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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



04242007 Ctg-UP CR2EX03 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BRINK, DEB TEN 1238 VILLAGE LAKES BOULEVARD, UNIT 3-10 LE HIGH ACRES, FL 33936</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 \_\_\_\_\_

**FILE NOW! FEE IS \$300.00  
After May 1, 2007, Fee will be \$600.00**

**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	<b>P06000039362 DOWN UNDER &amp; BEYOND INC. 1238 VILLAGE LAKES BOULEVARD UNIT 3-10 LE HIGH ACRES, FL 33936</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>800102538988</b>
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STAPLE CHECK HERE

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  DATE **4/25/2007** DAYTIME PHONE # **61747785486**

REPRODUCED AND TYPED OR PRINTED NAME OF OWNED-GENERAL PARTNER