## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Due By May 1, 2007 Apr 23, 2007 08:00 Al Secretary of State DOCUMENT # A06000000765 CASSELBERRY HOLDINGS, NO. II. LLLP Principal Place of Business Mailing Address P.O. BOX 180355 P.O. BOX 180355 CASSELBERRY, FL 32718 CASSELBERRY, FL 32718 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, BRADLEY J Street Address (P.O. Box Number is Not Acceptable) 100 TECHNOLOGY PARK, SUITE 170 LAKE MARY, FL 32746 Zin Code City 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 Signature, typed or printed name of registered agent and title if applicable 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 GENERAL PARTNER INFORMATION 12. 1.05000080200 DOCUMENT # STREET ADDRESS LC & JC ENTERPRISES, LLC NAME 1201 HELEN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY, FL 32708 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-71P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP HERE TERE CITY - ST - ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

Enterprises, WC

SIGNATURE:

4-27-2007