


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

<b>DOCUMENT # A06000000965</b> 1. Entity Name <b>TIRIAN-JEWEL, LTD.</b>	
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Principal Place of Business <b>5120 S. LAKE LAND DRIVE, SUITE 2</b> <b>LAKE LAND, FL 33813</b>	Mailing Address <b>5120 S. LAKE LAND DRIVE, SUITE 2</b> <b>LAKE LAND, FL 33813</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

**FILED**  
 2007 APR 17 AM 10:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04122007	Chg-LP	CR2E003 (12/06)
4. FEI Number <b>20-8136180</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>STRAWBRIDGE, V. FREDERICK</b> <b>5120 S. LAKE LAND DRIVE, SUITE 2</b> <b>LAKE LAND, FL 33813</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____
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**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 <b>STRAWBRIDGE, W. FREDERICK</b> <b>5120 S. LAKE LAND DRIVE, SUITE 2</b> <b>LAKE LAND, FL 33813</b>	STREET ADDRESS CITY-ST-ZIP  
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>STRAWBRIDGE, DELLYNNE</b> <b>5120 S. LAKE LAND DRIVE, SUITE 2</b> <b>LAKE LAND, FL 33813</b>	STREET ADDRESS CITY-ST-ZIP  
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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

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date <b>4-12-07</b> Daytime Phone # <b>863-646-9332</b>
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STAPLE CHECK HERE