

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 11 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000001111



1. Entity Name
YELNNOC LIMITED PARTNERSHIP

Principal Place of Business
16216 SIERRA DE AVILA
TAMPA, FL 33613

Mailing Address
328 WEST BEARSS AVENUE, SUITE A
C/O TEMPLE H. DRUMMOND
TAMPA, FL 33613

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03282007 Chg-LP CR2E003 (12/06)

4. FEI Number

20-5648631

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H
328 WEST BEARSS AVENUE, SUITE A
TAMPA, FL 33613

Name

Temple H. Drummond, Esq.

Street Address (P.O. Box Number is Not Acceptable)

c/o Drummond Waile & Ross LLP

328 West Bearss Avenue

City

Tampa

FL

Zip Code 33613

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 Temple H. Drummond Temple H. Drummond

3/28/2007

DATE

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 # | P06000096483 | STREET ADDRESS | |
| NAME | G & R OPERATIONS, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 16216 SIERRA DE AVILA | | |
| CITY-ST-ZIP | TAMPA, FL 33613 | | |
| DOCUMENT # | | STREET ADDRESS | 20070916790842 |
| NAME | | CITY-ST-ZIP | 04/13/07--01036--015 **\$500.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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: George W. Comley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/29/07 813-265-3122
Date Daytime Phone #