


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	Country	Zip	Country
		03282007 Chg-LP CR2E003 (12/06)	
		4. FEI Number 20-5648631	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New 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 Noble & 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 <u>Temple H. Drummond</u> <u>Temple H. Drummond</u> 3/28/2007 Signature, typed or printed name of registered agent and title if applicable. 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 # NAME STREET ADDRESS CITY-ST-ZIP	P06000096483 G & R OPERATIONS, INC. 16216 SIERRA DE AVILA TAMPA, FL 33613	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			
SIGNATURE: <u>Douglas W. Conley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		3/29/07 813-265-3122 Date Daytime Phone #	

STAPLE CHECK HERE