


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A06000001141				
1. Entity Name F.P.O.S. INVESTMENTS, LTD.				
Principal Place of Business 4558 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210		Mailing Address 4558 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210		
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	

FILED

2007 APR 17 AM 10:03

SECRETARY OF STATE



1st MOORE CR2E003 (10/06)

4. FEI Number 20-5661636		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

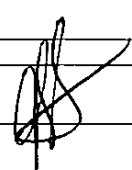
6. Name and Address of Current Registered Agent YONG, FRANK J 4570 ST. JOHNS AVENUE, SUITE 1A JACKSONVILLE FL 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above 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 _____
Signature, typed or printed name of registered agent and date if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	P06000125063 S & D CORP OF THE NORTHEAST, INC. 4558 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210	STREET ADDRESS CITY- ST- ZIP	 200098813382 04/24/07--01053--016 **500.00
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/4/07

(904) 384-3183

STAPLE CHECK HERE