

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

FILED

2007 APR 30 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000001229-

1. Entity Name
ELAINE W. NEWMAN ENTERPRISES, LTD.



Principal Place of Business 3435 BAYSHORE BLVD., APT. 800 TAMPA, FL 33629	Mailing Address 3435 BAYSHORE BLVD., APT. 800 TAMPA, FL 33629
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 20-5764366	Applied For Not Applicable
Zip	Country	Zip	Country

02082007 Chg-LP CR2E003 (12/06)



6. Name and Address of Current Registered Agent

NEWMAN, ELAINE W
3435 BAYSHORE BLVD., APT. 800
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

B. 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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	NEWMAN, ELAINE W		
STREET ADDRESS	3435 BAYSHORE BLVD., APT. 800	CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA, FL 33629		
DOCUMENT #	NAME	STREET ADDRESS	
	NEWMAN, ERIC M		
STREET ADDRESS	401 SOUTH ROYAL POINCIANA DRIVE		
CITY-ST-ZIP	TAMPA, FL 33609		
DOCUMENT #	NAME	STREET ADDRESS	
	NEWMAN, ROBERT C		
STREET ADDRESS	3102 SOUTH BEACH DRIVE		
CITY-ST-ZIP	TAMPA, FL 33629		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP			

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05/09/07--01045--021 **500.00

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: Eric Newman ERIC Newman 4/26/07 813-601-1884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE