

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

DOCUMENT # A06000001368

1. Entity Name

TRADITION ATLANTIC, LTD.



FILED

2007 MAR -9 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E003 (10/06)

Principal Place of Business
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803

Mailing Address
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803

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

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRIMSHER, J. STEVEN
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 # P96000086295
NAME SCHRIMSHER INVESTMENTS CORPORATION
STREET ADDRESS 600 EAST COLONIAL DRIVE, SUITE 100
CITY-ST-ZIP ORLANDO FL 32803

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # M06000006512
NAME BSP/ATLANTIC, LLC
STREET ADDRESS 250 PARK AVENUE, SUITE 200
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Partner

2-26-07 407-423-7600

Date

Daytime Phone #

STAPLE CHECK HERE