

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

**FILED**

2007 MAR 23 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02262007 Chg-LP CR2E003 (12/06)

4. FEI Number **20-8056361** Applied For ☐ Not Applicable ☒

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

**6. Name and Address of Current Registered Agent**

DEEB, ALEX R  
9020 RANCHO DEL RIO DRIVE, SUITE 125  
NEW PORT RICHEY, FL 34655

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**9400 River Crossing Blvd., Suite 102**  
City **New Port Richey,** **FL** Zip Code **34655**

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 \$500.00**  
**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**

DOCUMENT # **K47763**  
NAME **TRI COUNTY DEVELOPMENT, INC.**  
STREET ADDRESS **9020 RANCHO DEL RIO DRIVE, SUITE 125**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

DOCUMENT # **P06000061865**  
NAME **KRONON SOLUTIONS, INC.**  
STREET ADDRESS **62 WEST COLONIAL DRIVE, SUITE 209**  
CITY-ST-ZIP **ORLANDO, FL 32801**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS **9400 River Crossing Blvd., Suite 102**  
CITY-ST-ZIP **New Port Richey, FL 34655**

STREET ADDRESS  
CITY-ST-ZIP **100095230841**  
**03/29/07--01038--003 \*\*508.75**

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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:**

*Alex R. Deeb*  
**Alex R. Deeb President & F**  
**Tri County Development Inc**

2/2/07

727-376-6831

Date

Daytime Phone #

STAPLE CHECK HERE