
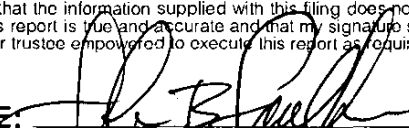


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A06000001514					
1. Entity Name SANTA FE CRANE & RIGGING, LTD.					
Principal Place of Business 6740 HIGHWAY AVENUE JACKSONVILLE FL 32254		Mailing Address 6740 HIGHWAY AVENUE JACKSONVILLE FL 32254			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8101967	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSELEY, PRICHARD, PARRISH, KNIGHT & JONES 501 WEST BAY STREET JACKSONVILLE FL 32202				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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.				DATE	
SIGNATURE _____					
Signature, typed or printed name of registered agent and title 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 #	L06000115458			STREET ADDRESS	
NAME	JAX CRANE, LLC			CITY - ST - ZIP	
STREET ADDRESS	6740 HIGHWAY AVENUE				
CITY - ST - ZIP	JACKSONVILLE FL 32254				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
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NAME				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: 				JOHN B. FAULKNER 4/19/07 904-786-3181	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

FILED

2007 MAY 10 PM 11:37

SECRETARY OF STATE



1st MOORE CR2E003 (10/06)

Applied For
Not Applicable

\$8.75 Additional
Fee Required

FL

Zip Code



700103049247
05/23/07--01007--024 **500.00

STAPLE CHECK HERE