

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JUL 18 PM 2:55

DOCUMENT # A06000001516

1. Entity Name  
 TOMARCO PARTNERS LLLP



Principal Place of Business  
 2799 NW BOCA RATON BLVD.  
 SUITE 203  
 BOCA RATON, FL 33431

Mailing Address  
 2799 NW BOCA RATON BLVD.  
 SUITE 203  
 BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #  
 3000 LOST BALL DR -

3. Mailing Address  
 3000 LOST BALL DR -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092007 Chg-LP CR2E003 (12/06)

City & State  
 SEBRING FL

City & State  
 SEBRING FL

4. FEI Number  
 20-8080335

Applied For  
 Not Applicable

Zip  
 33872-4148

Country  
 USA

Zip  
 33872-4148

Country  
 USA

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

6. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A ESQ  
 2799 NW BOCA RATON BLVD.  
 SUITE 203  
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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 \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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 # L06000121927  
 NAME TOMARCO MANAGEMENT LLC  
 STREET ADDRESS 2799 NW BOCA RATON BLVD.  
 CITY-ST-ZIP BOCA RATON, FL 33431

13. ADDRESS CHANGES ONLY

STREET ADDRESS 3000 LOST BALL DR.  
 CITY-ST-ZIP SEBRING FL 33872-4148  
 DOCUMENT # 400106630664  
 NAME 07/24/07--01023--029 \*\*\*908.75

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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DOCUMENT #  
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 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

Date

Distance Phone #

STAPLE CHECK HERE

BLT

July 9<sup>TH</sup> 2007