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

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## FILED DOCUMENT # A06000001523 1. Entity Name 2007 APR 30 AM 10: 54 C. HERMAN BEVILLE RANCH EAST, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3349 COUNTRY ROAD 545A BUSHNELL FL 33513 3349 COUNTRY ROAD 545A BUSHNELL FL 33513 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5, Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARK E. CLEMENTS, P.A. Street Address (P.O. Box Number is Not Acceptable) 310 EAST MAIN STREET LAKELAND FL 33801 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 harne or registered agent and title 4 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT# P00000091519 STREET ADDRESS NAME C. HERMAN BEVILLE PROPERTIES, INC. STREET ADDRESS 3349 COUNTRY ROAD 545A CITY SI-ZIP CITY-ST-ZIP BUSHNELL FL 33513 DOCUMENT# STREET ADDRESS STREET ADDRESS CHY SI ZIF GIEY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-SI-7P DOCUMENT # STREET LADDRESS STREET ADDRESS CHY ST-ZIP CITY-St-ZIP DOCUMENT # STREET LADORESS NAME STREET ADORESS CHY ST-ZIP 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 ampowered to execute this report as required by Chapter 620. Florida Statutes