2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A07465				I	•
Entity Name STRUBE PROPERTIES, LTD.				2007 MAR 12 AM 9: 15	
Principal Place of Business 2814 SILVER STAR ROAD ORLANDO, FL 32808 Mailing Address 2814 SILVER STAR ROAD ORLANDO, FL 32808 ORLANDO, FL 32808			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address P.O. Box 54	2/0 2 / 5		
Suite, Apt. #, etc. Suite, Apt. #, etc.		77363	03062007 Chg-LP CR2E003 (12/06)		
City & State		City & State Orlando, FL		4. FEI Number Applied Fr. 59-1983683 Not Applie	
Zip	Country		Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required	
2814 SIVLI	6. Name and Address of Current F CHARLES W. ER STAR RD. 9, FL 32808	egistered Agent	Street Address 43/	7. Name and Address of New Registered Agent 4. D K, STRUBE, TR 5 (P.O. Box Number is Not Acceptable) E. HORATIO AVE., STE 300 FL Zip Code 3275/	o
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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					cept
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		13.	ADDRESS CHANGES ONLY	
DOCUMENT / NAME STREET ADDRESS	CHARLES W. STRUBE, TRUSTTEE OF THE CHARLES 2814 SILVER STAR RD. ORLANDO, FL		STREET ADDRESS	·	
CITY-ST-ZIP			CITY-ST-ZIP	200002240762	
NAME STREET ADDRESS CITY-ST-ZIP	DONALD K. STRUBE, TRUSTEE 2814 SILVER STAR RD. ORLANDO, FL	OF THE DONALD K.	CITY-ST-ZIP	03714/0701042002 ***500.00	
DOCUMENT ≠ NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT / NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-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 empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SINVING GENERAL PARTNER Date Date Date Desprine Proce of					