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

DOCUMENT # A07839

1. Entity Name **BOOTH LIMITED**



FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

333 NORTH SUMMIT STREET TOLEDO, OH 43604

Mailing Address

333 NORTH SUMMIT STREET TOLEDO, OH 43604



04202007 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
37-1080797		Not Applicable
5. Certificate of Status Desired	\$8.7 Fee R	Additional iired

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			IN THIS SPACE			
8. The above the obligation SIGNATURE	tions of registered agent.	l its registered office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept			
- CIGITATIONE	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 \$8	300.00	, and the second			
	A GENERAL PARTNER THAT IS A BUSINESS NOTE: General Partners MAY NOT be changed or	ENTITY MUST BE REGIST in the form; an amendmen	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.			
12.	GENERAL PARTNER INFORMATION					
DOCUMENT NAME STREET ADDRESS CITY-SY-ZIP	843719 JACKSONVILLE HEALTHCARE CORPORATION 333 NORTH SUMMIT STREET TOLEDO. OH 43604	•	\ U00000752579 \05/21/07-80020-021 500.00			
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DOCUMENT # NAME STREET ADDRESS						

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

STAPLE CHECK HERE