

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

DOCUMENT # A07845

1. Entity Name

SINGLETON ASSOCIATES, LTD.



FILED
Mar 09, 2007 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

5001 PHILLIPS HWY. #7B
JACKSONVILLE FL 32207

5001 PHILLIPS HWY. #7B
JACKSONVILLE FL 32207

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

59-1931423

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E003 (10/06)



6. Name and Address of Current Registered Agent

PARSONS, A. T., JR.
5001 PHILLIPS HWY. #7B
JACKSONVILLE FL 32207

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 \$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

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
567608
PROPERTY PLANNING, INC.
5001 PHILLIPS HWY. #7B
JACKSONVILLE FL

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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

000000661698
03/20/07-80051-018 500.00

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

A.T. Parsons, Jr.

Date

Daytime Phone #

2/15/07 904-737-1245

STAPLE CHECK HERE