## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007** DOCUMENT # A11538 1. Entity Name NEWBERRY LTD. Principal Place of Business Mailing Address 2638-5 SR 21 P.O. BOX 10293 MELROSE, FL 32666 CLEARWATER, FL 33757

FILED Mar 23, 2007 08:00 Al Secretary of State



## DO NOT WRITE IN THIS SPACE

01052007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 59-2175925 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SABIS, WILLIAM R. 2638-5 STATE ROAD 21 MELROSE, FL 32666

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8. The above	e named entity submits this statement for the purpose of changi tions of registered agent.	ing its registered office or registered agent, or both, in the State of Florida. I	am familiar with, and accept
trie oblig	mons of registered agent.		
SIGNATURE			
	Signature, typed or printed name of registered agent and title if emplicable.	. DA	TE

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 INFORMATION DOCUMENT # NAME SABIS, WILLIAM R STREET ADDRESS 330 SW 132ND TERRACE CITY-ST-ZIP NEWBERRY, FL 32669 DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

03/30/07-80091-003 508.75

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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 true and accurate and that my signature by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #