

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # A12648

1. Entity Name
DEBARY VILLAS, LTD.



Principal Place of Business
**19 SOUTH WOODBERRY DRIVE
DEBARY, FL 32713**

Mailing Address
**3111 PACES MILL ROAD, SUITE A-250
C/O HALLMARK GROUP
ATLANTA, GA 30339**



01032007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2226188

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, SUSAN
HALLMARK GROUP SERVICES OF FLORIDA, LLC
4040 NEWBERRY RD, STE. 1000
GAINESVILLE, FL 32607**

**DO NOT WRITE
IN THIS SPACE**

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 \$500.00
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 # **M03000001595**
NAME **HALLMARK GROUP SERVICES OF FLORIDA, LLC**
STREET ADDRESS **3111 PACES MILL ROAD, SUITE A-250**
CITY-ST-ZIP **ATLANTA, GA 30339**

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000000599968
01/25/07-80048-024 508.75

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IN THIS SPACE**

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

Date

Daytime Phone #

STAPLE CHECK HERE