

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # A12755

1. Entity Name
BRANFORD VILLAS, LTD.



Principal Place of Business
**613 12TH STREET
LEESBURG, FL 34778**

Mailing Address
**P.O. BOX 492228
LEESBURG, FL 34749**



02132007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-2216405 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAGALSKI, BARBARA ANN
612 12TH STREET
LEESBURG, FL 34748**

**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 # | |
| NAME | MAGALSKI, BARBARA ANN |
| STREET ADDRESS | 613 12TH STREET |
| CITY-ST-ZIP | LEESBURG, FL 34778 |

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| DOCUMENT # | |
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| STREET ADDRESS | |
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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

4-23-07

Date

(352) 287-2700

Daytime Phone #

STAPLE CHECK HERE