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

CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A13024 1. Entity Name PLACID ARMS LIMITED PARTNERSHIP 07 JAN 16 AM 9: 14 Principal Place of Business Mailing Address 3111 PACES MILL RD 3111 PACES MILL RD SUITE A250 **SUITE A250** ATLANTA, GA 30339 ATLANTA, GA 30339 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 140 Huntley Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For ake Placid 59-2283026 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 338<u>5</u>2 420 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS, SUSAN Street Address (P.O. Box Number is Not Acceptable) 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE, FL 32607 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOWIII 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 13. ADDRESS CHANGES ONLY M04000000193 DOCUMENT # STREET ADDRESS NAME HALLMARK GROUP SERVICES, LLC 3111 PACES MILL ROAD, SUITE A-250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30339 DOCUMENT # 2000950170oz STREET ADDRESS n1/12/07---n1n39---n1a NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trustep empowered to execute this report as required by Chapter 620, Florida Statutes