2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

HERE

FILED DOCUMENT # A13361 WEST ORANGE TOWNHOUSE LIMITED 2007 APR 23 AH IO: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 575-7 DELANEY AVE 575-7 DELANEY AVE ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 200 S. Orange Avenue 200 S. Orance Suite. Apt. #, etc. Huenue Suite, Apt. #, etc. Suite 2025 Suite, Apt. #, etc. V Suite 2025 01192007 CR2E003 (12/06) Cha-LP 4. FEI Number Applied For City & State Florida Orlando Horida 59-2116198 Not Applicable ^{Zip} 32801 Country \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Urban & Thier **URBAN & THIER PA** Street Address (P.O. Box Number is Not Acceptable) 545 DELANEY AVENUE BLDG F ORLANDO, FL 32801 200 S. Orange 2025 8. The above named entity submits this statement to ebanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen SIGNATUR 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS 200 S. Orange Avenue, Suik 2025 Orlando, Florida 32801 NAME DUEREN, WOLFGANG 575-7 DELANEY AVE STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP ORLANDO, FL 328014342 P03000107619 STREET ADDRESS JUPITER USA, INC. NAME STREET ADDRESS 575-7 DELANEY AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32801 Horida DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 600101348846 05/03/07--01013--011 **500.00 DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STAPLE CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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 his report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER