


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # A14233 1. Entity Name CFA INVESTORS, LTD.		
Principal Place of Business 1834 PARK AVENUE P. O. BOX 215 ORANGE PARK, FL 32067-0215	Mailing Address 524 BALMORA DR. SAINT AUGUSTINE, FL 32092-2725	



04132007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2279482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ADAMS, HELEN B. 524 BALMORA DR. SAINT AUGUSTINE, FL 32092-2725

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 #	G93077900001
NAME	HELEN B. ADAMS LIVING TRUST
STREET ADDRESS	524 BALMORA DR.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320922725
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000710993
04/25/07-80064-015 500.00

**DO NOT WRITE
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: Helen B Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-13-07 904-940-7987
Date Daytime Phone #

STAPLE CHECK HERE