2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A15253

1. Entity Name

1215 LOUISIANA PARTNERSHIP, LTD.



FILED Jan 09, 2007 08:00 AM **Secretary of State**

Principal Place of Business

315 E. ROBINSON ST.

STE. 160

ORLANDO, FL 32801

Mailing Address

P.O. BOX 2173

WINTER PARK, FL 32790



01052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2317467 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, JAMES E. 315 E. ROBINSON ST. STE. 160 ORLANDO, FL 32801

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 U00000580386 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 /			·
NAME	COOPER, JAMES E.		
STREET ADDRESS	P O BOX 2173		
CITY-ST-ZIP	WINTER PARK, FL 327902173		
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT#			
NAME			
STREET ADDRESS		DO N	OT WRITE
CITY-ST-ZIP			
BOCUMENT #		IN TH	IIS SPACE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
C1TV . CT . 700			

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 regalined by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

DOCUMENT # NAME. STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-5-07 Date

4-7-808-9386