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

**FILED** Apr 16, 2007 08:00 Al Secretary of State

DOCUMENT # A1556  1. Entity Name CUTLER LIMITED PARTNER	
Principal Place of Business	Mailing Address
134 ELM STREET Worcester, Ma 01608	134 ELM STREET Worcester, ma 01608

COILER	LIMITED PARTNERSHIP - 1					
Principal Plac 134 ELM STI WORCESTER,	REET	Mailing Address 134 ELM STREET WORCESTER, MA 01608				
DO NOT WRITE IN THIS SPACE			02162007 No Chg-LP			
6. Name and Address of Current Registered Agent  HOWARD C. STROSS, ESQUIRE  33920 U.S. 19TH NORTH, STE. 351  PALM HARBOR, FL 34684		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	d title if applicable		DAT	E	
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 I	NFORMATION				
DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP	F07000000862 CUTLER LP-I CORP. 134 ELM STREET WORCESTER, MA 01608			U000007122 04/26/07-8004	72 10-020 500.00	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	WORKSESTER, MAY 01000					
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		70.00		DO NOT WRIT	<b>{</b>	
DOCUMENT / NAME STREET ADDRESS CITY+ST-ZIP				IN THIS SPACE	<b>_</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	,					
DOCUMENT / NAME STREET ADDRESS: CITY ST-ZIP.						

14. I hereby certify that the information supplied with this filling does not quality 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 seport as required by Chapter 620. Florida Statutes

Under Limited Partnership

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

14 President

Daytime Phone #