


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT #A15579 1. Entity Name DEBARY LTD.					
Principal Place of Business 3111 PACES MILL ROAD, SUITE A-250 C/O HALLMARK GROUP ATLANTA, GA 30339			Mailing Address 3111 PACES MILL ROAD, SUITE A-250 C/O HALLMARK GROUP ATLANTA, GA 30339		
2. Principal Place of Business - No P.O. Box # 19 South Woodberry Dr Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Debarry, FL		City & State			
Zip 32713	Country USA	Zip	Country	4. FEI Number 59-2433080	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA, LLC 4040 NEWBERRY RD., STE. 1000 GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M03000001595		STREET ADDRESS		
NAME	HALLAMRK GROUP SERVICES OF FLORIDA, LLC		CITY - ST - ZIP		
STREET ADDRESS	3111 PACES MILL ROAD, SUITE A-250		STREET ADDRESS		
CITY - ST - ZIP	ATLANTA, GA 30339		CITY - ST - ZIP		
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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: <i>Matthew H. Geller</i>			1-12-07 770-984-2100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone</small>		

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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4. FEI Number 59-2433080 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

ADAMS, SUSAN
 HALLMARK GROUP SERVICES OF FLORIDA, LLC
 4040 NEWBERRY RD., STE. 1000
 GAINESVILLE, FL 32607

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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