2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED DOCUMENT # A15951 CLEARWATER PROFESSIONAL PLAZA, LIMITED 07 FEB 23 AM 10: 05 SECRETARIT OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 240 S. PINEAPPLE 240 S. PINEAPPLE P.O. BOX 49948 P.O. BOX 49948 SARASOTA, FL 34230-6948 SARASOTA, FL 34230-6948 02012007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2349606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAND, DAVID S DO NOT WRITE 240 S. PINEAPPLE AVE, 10TH FLOOR SARASOTA, FL FL342-36 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 title if applicable. DATE 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 12. GP0400000300 DOCUMENT # ABA INVESTMENTS, L.L.P. NAME STREET ADDRESS P.O. BOX 49948 900089614029 02/27/07--01057--018 **500.00 CITY-ST-ZIP SARASOTA, FL 342306948 DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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:

STAPLE CHECK

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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