

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT #A17025 1. Entity Name MEADOWRUN ASSOCIATES, LTD.					
Principal Place of Business 41 W-65 SERVICE ROAD, N 3RD FLOOR - COLONIAL BANK CENTRE MOBILE, AL 36608			Mailing Address P.O. BOX 160306 MOBILE, AL 36616		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		

FILED

2007 APR 30 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252007 Chg-LP CR2E003 (12/06)

4. FEI Number
63-0877147

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent CAMPUS, JOSEPH J III 3298 SUMMIT BLVD #18 PENSACOLA, FL 32503-4350	7. Name and Address of New Registered Agent Name FRANK GAMMON Street Address (P.O. Box Number is Not Acceptable) 301 N US HWY 27 SUITE G City CLERMONT FL Zip Code 34711
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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 *FRANK GAMMON* DATE 4/25/07

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 #	GP9800001084	STREET ADDRESS	
NAME	MITCHELL EQUITIES	CITY - ST - ZIP	
STREET ADDRESS	3298 SUMMIT BLVD #18		
CITY - ST - ZIP	PENSACOLA, FL 325034350		
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STREET ADDRESS			
CITY - ST - ZIP			

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 *STEFAN GAMMA* 4-25-07 201-380-2929