

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 27 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2475838 Applied For Not Applicable

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

DOCUMENT #A18623			
1. Entity Name HELOW PROPERTIES, LTD.			
Principal Place of Business 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL 32256		Mailing Address 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL 32256	
2. Principal Place of Business - No P.O. Box # 9140 Golfside Drive		3. Mailing Address 9140 Golfside Drive	
Suite, Apt. #, etc. Suite 7		Suite, Apt. #, etc. Suite 7	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32256	Country	Zip 32256	Country

6. Name and Address of Current Registered Agent HELOW, GEORGE A. 8118 SUMMIT RIDGE LANE JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Joseph P. Helow Street Address (P.O. Box Number is Not Acceptable) 9140 Golfside Drive Suite 7 City Jacksonville FL Zip Code 32256	
---	--	--	--

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 Joseph P. Helow DATE 3-21-07
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # H34598	NAME MARIAN SERVICES, INC.	STREET ADDRESS 9140 Golfside Drive, Suite 7	
STREET ADDRESS 8118 SUMMIT RIDGE LANE		CITY-ST-ZIP Jacksonville, FL 32256	
CITY-ST-ZIP JACKSONVILLE, FL			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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:

Joseph P. Helow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-21-07

Date

(904) 636-0591

Daytime Phone *

STAPLE CHECK HERE