

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

## FILED Jan 19, 2007 08:00 AM Secretary of State

Due by may 1, 2007				Secretary of Sta		
1. Entity Nar	JMENT #A19303 REST LTD.					<i>y</i> = 2 = 2 = 2
Principal Place of Business Mailing Address 37 RIDGEVIEW DRIVE 3111 PACES MILL DEBARY, FL 32713 ATLANTA, GA 303			SUITE A-250		II AIRII AIRII AIAII <b>a</b> iaii	BIBII BIBIIDN BK 1981
	O NOT MOITE	· IN TIME CO		01032007 No Chg-LP	CR2E003 (1	
ļ <b>L</b>	OO NOT WRITE	: IN I FIIS SP	AUE	4. FEI Number 59-2466776		Applied For Not Applicable
	in the second of			5. Certificate of Status Desired		5 Additional tequired
	6. Name and Address of Current	Registered Agent	2000	Professional Control	er significant	
GAINESV	RK GROUP SERVICES OF FLO ILLE, FL 32607			DO NOT W IN THIS SE	PACE	
the obliga	e named entity submits this statement for ations of registered agent.	or the purpose of changing its reg	jistered office or register	ed agent, or both, in the State of Flo	orida, I am familia	r with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.			DATE	
	After May 1, 2 A GENERAL PARTNER 1 NOTE: General Partners MA	Y NOT be changed on the f	Y MUST BE REGIST	TERED AND ACTIVE WITH TH t must be filed to change a go		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #	GENERAL PARTNER M03000001595 HALLMARK GROUP SERVICES 3111 PACES MILL ROAD, SUITE ATLANTA, GA 30339	OF FLORIDA, LLC			)593953 -80052-005	5 508.75
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT						
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WI	RITE	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	ACE	
DOCUMENT # NAME STREET ADDRESS						

14. I hereby certify that the information supplied with this filling 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 traffice expowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

DOCUMENT #
NAMS
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-12-07

70-984-2100

Daytime Phone #