2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Feb 26, 2007 08:00 AM Secretary of State

\Box	\cap	\sim 1	18.	۱۵A	NT	#	Δ.	19	78	Я
			IIV		u ,	44	_	13	<i>,</i> .	

1. Entity Name FARM HILL, LTD.



Principal Place of Business

516 LAKEVIEW ROAD, STE. 8 CLEARWATER, FL 33756

Mailing Address

516 LAKEVIEW ROAD, STE. 8 CLEARWATER, FL 33756



01192007 No Chg-LP

CR2E003 (12/06)

FEI Number
 59-2652614

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756-3302

DO NOT WRITE 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.
_	

DO NOT WRITE IN THIS SPACE

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.

ĺ	NOTE: General Partners MAY NOT be changed on the	a f				
12.	GENERAL PARTNER INFORMATION					
DOCUMENT#	P98000081961	1				
1	,	L				
	1	ŀ				
CHY-ST-ZIP	CLEARWATER, FL 337563302	ŀ				
DOCUMENT #		ŀ				
NAME		Ł				
SIRPEL ADURESS		ı				
CITY-ST-ZIP		ı				
DOCUMENT #		1				
NAME						
STREET ADORESS		ľ				
CITY-ST-ZIP		ı				
DOCUMENT #		1				
NAME		L				
STREET ADDRESS		ŀ				
CITY-ST-ZIP		ı				
DOCUMENT #		1				
NAME		ı				
STREET ADDRESS		ı				
	DOCUMENT # NAME STHEET ADDRESS CITY ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP LOCUMENT # NAME	DOCUMENT / P98000081961 CANTONMENT TWO, INC. STREET ADDRESS CITY ST-ZIP CUCCUMENT / NAME SIRFET ADDRESS CITY-ST-ZIP CUCCUMENT / NAME SIRELT ADDRESS CITY-ST-ZIP CUCCUMENT / NAME STREET ADDRESS CITY-ST-ZIP CUCCUMENT / NAME COCCUMENT / NAME				

Signature, typed or printed name of registered agent and title if applicable

03/08/07-80007-012 508.75

DO NOT WRITE
IN THIS SPACE

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 employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

KEVIN T. FLYNN
As Vice-President of

JUNE AND TYPED OR PRINTED NAME OF SIGNING CENTRAL PRINTERS.

2/15/07 727-449-1183

1

CITY-ST-7IP

DOGUMENT #

NAME

STREET ADDRESS