


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # A19826
 1. Entity Name
 1776 ASSOCIATES, LTD.



Principal Place of Business
 1776 N. PINE ISLAND RD.
 SUITE 318
 PLANTATION, FL 33322

Mailing Address
 1776 N. PINE ISLAND RD.
 SUITE 318
 PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE



01192007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2523710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, ALLEN I
 1776 NORTH PINE ISLAND ROAD, SUITE 318
 PLANTATION, FL 33322

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.

SIGNATURE _____ DATE _____
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

000000656488
 03/14/07-80027-023 500.00

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

DOCUMENT #	
NAME	MORRIS, ALLEN I
STREET ADDRESS	2715 OAKMONT
CITY-ST-ZIP	WESTON, FL 33332
DOCUMENT #	
NAME	HILLMAN, DAVID H
STREET ADDRESS	1950 OLD GALLOWS RD., STE 600
CITY-ST-ZIP	VIENNA, VA 221823933
DOCUMENT #	
NAME	MORRIS, KENNETH E
STREET ADDRESS	1776 N. PINE ISLAND RD.
CITY-ST-ZIP	PLANTATION, FL 33322
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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:   

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #