



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A20940 1. Entity Name SMOKERISE DEVELOPMENT, LTD.	
--	---

Principal Place of Business 638 U.S. HIGHWAY 1 TEQUESTA, FL 33469	Mailing Address P.O. BOX 59 JUPITER, FL 33468
---	---

DO NOT WRITE IN THIS SPACE

FILED
07 FEB 23 AM 10:04
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

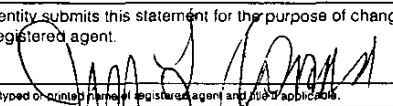


01172007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2663021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OSWALD, JON L 638 U.S. HIGHWAY 1 TEQUESTA, FL 33469	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  **Jon L. Oswald** DATE **1/22/07**

Signature, typed or printed name of registered agent and fee 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	372912 URBAN LAND & DEV., CORP. 638 U.S. HIGHWAY 1 TEQUESTA, FL 33469
DOCUMENT # NAME STREET 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

600089612236
02/27/07--01055--011 **116.84

600089612236
02/27/07--01055--012 **43.83

600089612236
02/27/07--01055--013 **65.72

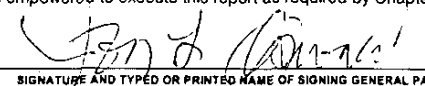
600089612236
02/27/07--01055--014 **77.89

600089612236
02/27/07--01055--015 **97.37

600089612236
02/27/07--01055--016 **48.69

600089612236
02/27/07--01055--017 **59.42

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:  **Jon L. Oswald** Date **1/22/07** Daytime Phone # **561-741-0587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE