

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A21417</b>			
1. Entity Name <b>CAREFREE INVESTMENTS COMPANY, LTD.</b>			
Principal Place of Business 1300 N.E. 50TH CT. SUITE 118 FT. LAUDERDALE FL 33334		Mailing Address 1300 N.E. 50TH CT. SUITE 118 FT. LAUDERDALE FL 33334	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
2007 MAR 13 AM 10:07



1st MOORE CR2E003 (10/06)

4. FEI Number <b>59-2611913</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>ANDERSON, WILLIAM C. 2530 NE. 43RD ST. FT. LAUDERDALE FL 33308</b>		7. Name and Address of New Registered Agent Name <b>FREDA F. ANDERSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2530 NE 43rd St</b> City <b>FT LAUDERDALE</b> FL Zip Code <b>33308</b>	
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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 *Freda F. Anderson, General Partner* DATE 3/1/07  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	NAME	STREET ADDRESS	
NAME	ANDERSON, WILLIAM C.	CITY ST ZIP	
STREET ADDRESS	2530 NE 43 ST.		
CITY ST ZIP	FT. LAUDERDALE FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ANDERSON, FREDA F.	CITY ST ZIP	
STREET ADDRESS	2530 NE 43 ST.		
CITY ST ZIP	FT. LAUDERDALE FL		
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STREET ADDRESS			
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: *Freda F. Anderson, Gen Ptn* DATE 3/1/07 TELEPHONE 954-772-3757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE