

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # A22683

1. Entity Name
INTERCHANGE RESORTS ASSOCIATES, LTD.



Principal Place of Business
**111 W. FORTUNE ST.
TAMPA, FL 33602**

Mailing Address
**111 W. FORTUNE ST.
TAMPA, FL 33602**



04132007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2357777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CALLEN, DAVID H.
111 W. FORTUNE ST.
TAMPA, FL 33602**

**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 _____

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

DATE _____

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
**CALLEN, ROBIN A.
111 W. FORTUNE ST.
TAMPA, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**CALLEN, DAVID H.
8870 N. HIMES AVE, #242
TAMPA, FL 33614**

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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U00000752596
05/21/07-80022-013 500.00

**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 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 #

STAPLE CHECK HERE