

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # A23433
 1. Entity Name
 1271 BLOCK, A LIMITED PARTNERSHIP



Principal Place of Business: C/O HAROLD SORENS, 14425 STRATHMORE LANE STE. #802, DELRAY BEACH, FL 33446
 Mailing Address: C/O HAROLD SORENS, 14425 STRATHMORE LANE STE. #802, DELRAY BEACH, FL 33446



01032007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2338972	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
 SORENS, HAROLD
 14425 STRATHMORE LANE SUITE 802
 DELRAY BEACH, FL 33446

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

DATE: 04/20/07
 000000701295
 04/20/07-80041-019 500.00

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	SORENS, HAROLD
STREET ADDRESS	14425 STRATHMORE LN,#802
CITY-ST-ZIP	DELRAY BEACH, FL
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

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: Harold Sorens HAROLD SORENS 4/10/07 561-495-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #