2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED Feb 26, 2007 08:00 AM Secretary of State

DOCUMENT # A23510

1. Entity Name COTTAGE HILL, LTD.



Principal Place of Business

516 LAKEVIEW ROAD, VILLA 8 CLEARWATER, FL 33756

Mailing Address

516 LAKEVIEW ROAD, VILLA 8 CLEARWATER, FL 33756



01192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2804632

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756-3302

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| <u> </u> | | | |
|---|-----------------------------|--|------------------------------------|
| 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 | | | |
| однача, урыс и да восттого и подостов адентали оне и ворисане. | | | 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 # | P98000081966 | | 일 아이나 이렇겠다!! 살레하다다. |
| NAME | CANTONMENT THREE, INC. | | |
| STHEET ADORESS | 516 LAKEVIEW ROAD, UNIT 8 | | |
| CITY -ST - ZIP | CLEARWATER, FL 337563302 | | |
| DOCUMENT # | | | U00000650294 |
| NAME | | The state of the s | 13/08/07-9 0 007-011 508.75 |
| SIREET AGERESS CITY-ST-ZIP | | | |
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| CITY-ST-ZIP | | | |
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| NAME | | | |
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| STREET ADDRESS | | | |
| CHY-Si-ZiP | | | |
| 14. I hereby certify that the information supplied with this filling 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 employees to execute this report as required by Chapter 620, Florida Statutes | | | |

Corporate General Partner