


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 12, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A25531 1. Entity Name THE TAMPA DOWNTOWN INVEST, LTD. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 4350 W CYPRESS STREET SUITE 300 TAMPA, FL 33607-4175 | Mailing Address 4350 W CYPRESS STREET SUITE 300 TAMPA, FL 33607-4175 |
|--|--|

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LP

CR2E003 (12/06)

| | |
|---|--|
| 4. FEI Number 59-2858606 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**COLBERT, HAL P
C/O COLLIERS ARNOLD
4350 WEST CYPRESS STREET, SUITE 300
TAMPA, FL 33607-4175**

**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 _____ DATE _____
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**

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 # | F21736 |
| NAME | DR. SCHROBDSORFF & DR. HERRMANN INTERNATIO |
| STREET ADDRESS | 4350 W CYPRESS STREET, SUITE 300 |
| CITY-ST-ZIP | TAMPA, FL 336074175 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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02/21/07-80052-002 500.00

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:  **12/11/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE