2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 25, 2007 08:00 AM Secretary of State

Due By May 1, 2007				Secretary of State	
DOCUMENT # A26281 1. Entity Name				Secretary of Stat	
	IMITED PARTNERSHIP	1			
Principal Place	e of Business	Masing Address			
1663 MOUND STREET SARASOTA, FL 34236 1663 MOUND STREET SARASOTA, FL 34236) jednog jeje neje blike ilital jejek hel biah biah biah biah biah biah biah biah	
DO NOT WRITE IN THIS SPACE				01172007 No Chg-LP	CR2E003 (12/06)
DO NOT WITTE IN THIS ST			AOL	4. FEI Number 65-0043967	Applied For Not Applicable
				5. Certificate of Status Des	ired S8.75 Additional Fee Required
	6. Name and Address of Curi	ent Registered Agent			********
FURMAN, ROBERT G. 1663 MOUND STREET SARASOTA, FL 34236				DO NOT	WRITE
				IN THIS	SPACE
	named entity submits this stateme	nt for the purpose of changing its reg	istered office or registe	red agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registered	agent and title if applicable			DATE
	FILE N	IOW!!! FEE IS \$500.00	,		
	A GENERAL PARTNE	1, 2007, Fee will be \$900.0 R THAT IS A BUSINESS ENTIT	Y MUST BE REGIS	TERED AND ACTIVE WIT	H THIS OFFICE.
12.		MAY NOT be changed on the f INER INFORMATION	orm; an amendmei	nt must be filed to chang	e a general partner.
DOCUMENT #	219270				
NAME STREET ADDRESS	FURMAN'S, INC. 1663 MOUND STREET				
CITY-ST-ZIP	SARASOTA, FL				
DOCUMENT # NAME				nc	-U00000730864 /08/07-80096-014-500.
STREET ADDRESS		ļ		U.J	ANOLO: DOMAN DIT JOOR
CITY-ST-ZIP DOCUMENT					
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STREET ADDRESS CITY+ST-ZIP				DO NOT	WKIIE
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STREET ADDRESS CITY-ST-ZIP					
DOCUMENT #					
NAME STREET ADDRESS					
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DOCUMENT #					
NAME STREET ADDRESS		,	•	•	

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 acceptate 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-23.07

941 365-7891

Daytime Phone #