

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # A26783

1. Entity Name
NORBOURNE ESTATES LTD.



Principal Place of Business
**P.O. BOX 99564
LOUISVILLE, KY 40269-0564**

Mailing Address
**P.O. BOX 99564
LOUISVILLE, KY 40269-0564**



01092007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3011812

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, ANNETTE
37 BROOK CIRCLE
LEESBURG, FL 34748**

**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**

U000000611298

02/02/07 00056-005 508.75

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
**FULKERSON, T J
9232 W ARAGON DRIVE
SHREVEPORT, LA 71129**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**NELSON, STEVE W
2509 PLANTSIDE DR.
LOUISVILLE, KY 40299**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

**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