

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 25 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04062007 Chg-LP CR2E003 (12/06)

4. FEI Number
59-2904350

Applied For	
Not Applicable	

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FANELLI, JULIE V
11300 4TH STREET NORTH, #200
ST. PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name **BLAIR COMMUNITIES, INC.**
Street Address (P.O. Box Number is Not Acceptable)
11300 4th St. N., Suite 200
City **St. Petersburg** **FL** Zip Code **33716**

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]*
Signature, typed or printed name of registered agent and title if applicable.

DATE **4/17/07**

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 # **K30509**
NAME **STRAWBERRY RIDGE, INC.**
STREET ADDRESS **11300 4TH STREET NORTH, SUITE 200**
CITY - ST - ZIP **ST. PETERSBURG, FL 33716**

13. ADDRESS CHANGES ONLY

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800101617396
05/04/07--01047--017 **508.75

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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]* **M. Steven Sembler** **4/17/07 775775522**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE