


**2007 LIMITED PARTNERSHIP ANNUAL REPORT.
Due By May 1, 2007**

**FILED
May 01, 2007 08:00 A
Secretary of State**


DOCUMENT # A27146

1. Entity Name
HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714	Mailing Address 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-LP CR2E003 (12/06)

4. FEI Number 05-0441441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILDES, RICHARD J ESQ.
% LOWNDES, DROSDICK, DOSTER, KANTOR ET AL
215 N. EOLA DRIVE
ORLANDO, FL 32801

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.

U00000752901
05/21/07 80036 004 500.00
~~0000000000000000000000000000000000~~
05/21/07--80036--004

**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 # NAME STREET ADDRESS CITY-ST-ZIP	G46246 PICERNE DEVELOPMENT CORPORATION OF FLORIDA 247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PICERNE, ROBERT M 247 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714
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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)* _____ *(Date)* _____ *(Daytime Phone #)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #