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

DO NOT WRITE IN THIS SPACE

DOCUMENT # A27146

1. Entity Name

HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP



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

Principal Place of Business

247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 Mailing Address

247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714



03302007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 05-0441441

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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8. The above named entity submits this statement for the purpose of changing its registered of	ffice or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	V00000752301
SIGNATURE ————————————————————————————————————	05/21/07 <u>00026664_560_0</u>
Signature, typed or printed name of registered agent and title if applicable.	nominatas aste aste aste aste aste as
	00.00000000000000000000000000000000000

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 #	G46246
NAME	PICERNE DEVELOPMENT CORPORATION OF FLORIDA
STREET ADDRESS	247 N. WESTMONTE DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
DOCUMENT #	
NAME	PICERNE, ROBERT M
STREET ADDRESS	247 N. WESTMONTE DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
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CITY-ST-ZIP	
4.4 Lhoroby	portify that the information appolied with this filing does not qualify for

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #