2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

DOCUMENT # A27761

1. Entity Name

PALAFOX PARTNERS, LTD.

FILED

2007 APR 13 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3728 PHILLIPS HIGHWAY SUITE 39 JACKSONVILLE FL 32207	3728 PHILLIPS HIGHWAY SUITE 39 JACKSONVILLE FL 32207

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Suite # 219	Suite, Apt. #, etc. Suite #219
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E003 (10/06)

4. FEI Number 65-0087361 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHILLIPS, PHILIP B JR. 3728 PHILLIPS HWY. SUITE 39 JACKSONVILLE FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) Suite # 219 City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2007, fee will be $900. *** Make check payable to Florida Department of State.**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PHILLIPS, PHILIP B JR. 3728 PHILLIPS HWY.STE.39 JACKSONVILLE FL 32207	STREET ADDRESS CITY-ST-ZIP	3728 Phillips Hwy. Ste. 219
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STAPLE CHECK HERE

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: _____ April 9, 2007 (904) 396 9960.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #