

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007**


SECRETARY OF STATE
DIVISION OF CORPORATIONS

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05142007 Chg-LP CR2E003 (12/06)

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| DOCUMENT # A28479 | |  | |
| 1. Entity Name LABELLE COMMONS, LTD. | | | |
| Principal Place of Business 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931 | | Mailing Address 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. PO BOX 321209 | |
| City & State | | City & State Cocoa Beach FL | |
| Zip | Country | Zip | Country |
| | | 32932-1209 | |
| 4. FEI Number 59-2950805 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931 | | Name JAMES KINCAID Street Address (P.O. Box Number is Not Acceptable) PO BOX 321209 City Cocoa Beach FL Zip Code 32932-1209 | |
| 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. James Kincaid, Vice President 8/10/07 | | | |
| SIGNATURE | | DATE | |
| <i>James Kincaid</i> | | 8/10/07 | |
| FILE NOW!!! FEE IS \$800.00 On or after September 14, 2007, Fee will be \$1000.00 | | | |
| 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 | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | DEHARDER, ROBERT | PO Box 321209 | |
| STREET ADDRESS | 5505 N. ATLANTIC AVE., #115 | CITY-ST-ZIP | Cocoa Beach, FL 32932-1209 |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | MCPHILLIPS, FRANCIS | PO Box 321209 | |
| STREET ADDRESS | 5505 N. ATLANTIC AVE., #115 | CITY-ST-ZIP | Cocoa Beach, FL 32932-1209 |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | FRAZIER, JOHN | PO Box 321209 | |
| STREET ADDRESS | 5505 N. ATLANTIC AVE., #115 | CITY-ST-ZIP | Cocoa Beach FL 32932-1209 |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| *4. 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: <i>James Kincaid</i> | | 8/10/07 321-799-4090 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date Daytime Phone # | |

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