

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 AUG 13 PM 2:28

DOCUMENT # A28480	
1. Entity Name MOORE HAVEN COMMONS, LTD.	

Principal Place of Business 5505 N. ATLANTIC AVENUE COCOA BEACH, FL 32931	Mailing Address 5505 N. ATLANTIC AVENUE COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P O Box 321209</i>	
City & State		City & State <i>Cocoa Beach, FL</i>	
Zip	Country	Zip	Country
		<i>32932-1209</i>	



05142007 Chg-LP CR2E003 (12/08)

4. FEI Number 59-2950806	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVENUE COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent	
Name <i>James Kincaid</i>	
Street Address (P.O. Box Number is Not Acceptable)	
<i>P O Box 321209</i>	
City <i>Cocoa Beach</i>	FL Zip Code <i>32932-1209</i>

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: *James Kincaid, Vice President* DATE: *8/10/07*

FILE NOW!!! FEE IS \$900.00
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 #	DEHARDER, ROBERT	STREET ADDRESS	<i>P O Box 321209</i>
NAME	5505 N. ATLANTIC AVENUE	CITY-ST-ZIP	<i>Cocoa Beach, FL 32932-1209</i>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	MCPHILLIPS, FRANCIS	STREET ADDRESS	<i>P O Box 321209</i>
NAME	5505 N. ATLANTIC AVENUE	CITY-ST-ZIP	<i>Cocoa Beach, FL 32932-1209</i>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	FRAZIER, JOHN	STREET ADDRESS	<i>P O Box 321209</i>
NAME	5505 N. ATLANTIC AVENUE	CITY-ST-ZIP	<i>Cocoa Beach, FL 32932-1209</i>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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: *James Kincaid* DATE: *8/10/07* DAYTIME PHONE #: *321-799-4090*