

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A28711

1. Entity Name
DRIFTWOOD TERRACE ASSOCIATES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 2:14

Principal Place of Business
**1 STOW ROAD
MARLTON, NJ 08053**

Mailing Address
**1 STOW ROAD
P.O. BOX 994
MARLTON, NJ 08053**



07092007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-2997762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH & HULSEY *Smith Hulsey + Bussey, P.A.*
**1800 FLORIDA NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE, FL 32202**

(N/A only)

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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

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 |
| | LEVITT, MICHAEL J | 1 STOW ROAD | MARLTON, NJ |
| DOCUMENT # | NAME | STREET ADDRESS | CITY - ST - ZIP |
| | | | |
| DOCUMENT # | NAME | STREET ADDRESS | CITY - ST - ZIP |
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IN THIS SPACE**

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 #

(856) 596-0500