

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # A28908

1. Entity Name
ORLANDO BELTWAY ASSOCIATES-ROUND LAKE ROAD,
LTD.



Principal Place of Business
180 WILSHIRE BOULEVARD
CASSELBERRY, FL 32707

Mailing Address
120 EAST COLONIAL DRIVE
ORLANDO, FL 32801



01052007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2970430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORLEY, PATRICK M.
180 WILSHIRE BOULEVARD
CASSELBERRY, FL 32707

**DO NOT WRITE
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
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 #
NAME MORLEY, PATRICK M.
STREET ADDRESS 180 WILSHIRE BLVD.
CITY - ST - ZIP CASSELBERRY, FL 32707

DOCUMENT #
NAME HEAVENER, JAMES W.
STREET ADDRESS 180 WILSHIRE BLVD.
CITY - ST - ZIP CASSELBERRY, FL 32707

DOCUMENT #
NAME WALLACE, RONALD D.
STREET ADDRESS 180 WILSHIRE BLVD.
CITY - ST - ZIP CASSELBERRY, FL 32707

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U000000603807
01/29/07-80029-011 500.00

**DO NOT WRITE
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 #

STAPLE CHECK HERE