## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## FILED Jan 09, 2007 08:00 AN Secretary of State

| DOCL | IMEN | JT # | A29 | 095 |
|------|------|------|-----|-----|
|      |      |      |     |     |

1. Entity Name MANASARA ASSOCIATES LIMITED



Principal Place of Business

1131 NORTH LAKE SHORE DRIVE SARASOTA, FL 34231 Mailing Address

1131 NORTH LAKE SHORE DRIVE SARASOTA, FL 34231



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0157031 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SABA, RICHARD D. 1390 MAIN STREET SUITE 824 SARASOTA, FL 34236

DO NOT WRITE
IN THIS SPACE

| <ol> <li>The above named entity submits this statement for the purpose of changing its reg<br/>the obligations of registered agent.</li> </ol>   |  | red office or registered agent, or both, in the State of Florida. I am familiar with, and accept U00000580321 |  |  |
|--|--|---|--|--|
| SIGNATURE .  | Signature, typed or printed name of registered agent and the if explicable.  | <u>01/10/07-80042-010-500.00</u>  |  |  |
|  | and rational definances between 100 to 100 t | LAIE .  |  |  |
| FILE NOWIN 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   | FIERS, CARLISLE W., JR.  |   |  |  |
| STREET ADDRESS   | 1131 NORTH LAKE SHORE DR   |   |  |  |
| CRY-ST-ZIP   | SARASOTA, FL   |   |  |  |
| DOCUMENT#  | M90343   |   |  |  |
| NAME   | MANASARA CORP.   |   |  |  |
| STREET ADDRESS   | 1390 MAIN ST., STE. 824  |   |  |  |
| CRY-ST-ZIP   | SARASOTA, FL   |   |  |  |
| DOCUMENT#  |  | ·   |  |  |
| NAME   |  |   |  |  |
| STREET ADDRESS   |  | DO NOT WRITE  |  |  |
| City-st-zip  |  | " <del>-</del>  |  |  |
| DOCUMENT#  |  | IN THIS SPACE   |  |  |
| NAME   |  |   |  |  |
| STREET ADDRESS   |  |   |  |  |
| CITY-ST-ZIP  |  |   |  |  |
| DOCUMENT #   |  |   |  |  |
| NAME   |  |   |  |  |
| STREET ADDRESS   |  |   |  |  |
| CITY-ST-ZIP  |  |   |  |  |
| DOCUMENT #   |  |   |  |  |
| NAME   |  |   |  |  |
| STREET ADDRESS   | 1  |   |  |  |
| CITY-ST-ZIP  | <u>:</u>   |   |  |  |
| 14. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 620, Florida Statutes |  |   |  |  |

GENERAL PARTNER