


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

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A29812</b> 1. Entity Name <b>FAT TUESDAY/KEY WEST LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>305 DUVAL STREET KEY WEST, FL 33040</b>	Mailing Address <b>% JAMES W. REED 305 DUVAL STREET KEY WEST, FL 33040</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01242007 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>56-1688425</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>REED, JAMES W 305 DUVAL STREET KEY WEST, FL 33040</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	<b>F93000001948</b>
NAME	<b>MILLENNIUM SOUTHERNMOST</b>
STREET ADDRESS	<b>305 DUVAL STREET</b>
CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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U000000727186  
05/04/07-80038-003 500.00

**DO NOT WRITE  
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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:**  **KERRY A. GUNTHER** **4/18/07 (305) 744-0929**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #