

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

<b>DOCUMENT # A29897</b> 1. Entity Name <b>STRICKLAND PROPERTIES, LTD.</b>					
Principal Place of Business <b>11935 RIVERHILLS DRIVE TAMPA, FL 33617</b>			Mailing Address <b>11935 RIVERHILLS DRIVE TAMPA, FL 33617</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3003885</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KOCSIS, JUDY S 11935 RIVERHILLS BOULEVARD TAMPA, FL 33617</b>				7. Name and Address of New Registered Agent Name <b>Kocsis, Judy S</b> Street Address (P.O. Box Number is Not Acceptable) <b>11935 Riverhills Drive</b> City <b>Tampa</b> FL Zip Code <b>33617</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME <b>KOCSIS, JUDY S</b> STREET ADDRESS <b>11935 RIVERHILLS BOULEVARD</b> CITY-ST-ZIP <b>TAMPA, FL 33617</b>			STREET ADDRESS <b>11935 Riverhills Drive</b> CITY-ST-ZIP <b>Tampa, FL 33617</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS <b>500103637405</b> CITY-ST-ZIP <b>06/01/07--01006--005 **500.00</b>		
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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.					
<b>SIGNATURE: <u>Judy S. Kocsis</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<b>4/27/07</b> <small>Date</small>	
				<b>813-988-2242</b> <small>Daytime Phone #</small>	

FILED  
 07 MAY 24 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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