2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE:

DOCU 1. Entity Nam WHITE P			FILED 2007 MAR 27 AM 10: 20					
Principal Place of Business 113 MARINA DEL REY CT. CLEARWATER, FL 33767		Mailing Address 113 MARINA DEL RAY CT. CLEARWATER, FL 33767			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10 201 THURSTON (LOVES BY) 10 201 THURSTON Suite, Apt. #, etc.			n Groves BlvD		01162007	Chg-LP	CR2E003 (12)	/06)
City & State JEMINGLE FL Zip Country		City & State Serving F. Zip Country			 FEI Number 38-20932 Certificate of 			Applied For Not Applicable Additional
33	778 USA	33778	<i>∪5A</i>				Fee Re	quired
	6. Name and Address of Current R FEVEN R. NA DEL RAY CT. NTER, FL 33767	I	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10201 THURSTON GREVES BOOD					
	City				Code 3 3 7 7 8			
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. CATE								
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		a torm; an ame	enament	must be filed	ADDRESS CHA		- (//)
DOCUMENT #			STREET ADDRESS		_		4	10
NAME STREET ADDRESS CITY-ST-ZIP	WHITE, STEVEN R. 113 MARINA DEL REY CT. CLEARWATER, FL		CITY-ST-ZIP		INGLE	170N 6Res	VES BLVD	
DDCUMENT #	WHITE, MARY ANN		STREET ADDRESS	1020			VES BLVE	
STREET ADDRESS CITY-ST-ZIP	113 MARINA DEL REY CT. CLEARWATER, FL 33767		CITY-ST-ZIP			ft 337		,
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STREET ADDRESS City-\$1-zip			CITY-ST-ZIP			<u> 10095</u> 6	9706; 023 **!	<u>2</u> 500.00
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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 empowered to execute this report as required. Statutes.								

3-22-07 7273920743