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

## DOCUMENT #A30292

1. Entity Name

WETHERBEE ACRES, LTD.



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

Principal Place of Business
ATTM- CENDOE T FIDOM ID

ATTN: GEORGE T. EIDSON, JR. 420 ORANGE AVE., 12TH FLOOR ORLANDO, FL 32801 Mailing Address

ATTN: GEORGE T. EIDSON, JR. P.O. BOX 231

ORLANDO, FL 32802



DO NOT WRITE IN THIS SPACE

O1082007 No Chg-LP

007 No Chg-LP CR2E003 (12/06)

FEI Number
 59-3030897

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EIDSON, GEORGE T JR 420 S. ORANGE AVE. 12TH FL ORLANDO, FL 32801

## DO NOT WRITE IN THIS SPACE

	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, the obligations of registered agent.	i am familiar with, and accept
SH	GNATURE	

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.

	NOTE: General Partners MAY NOT be changed on the		
12.	GENERAL PARTNER INFORMATION		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	EIDSON, GEORGE T., JR. 420 S. ORANGE AVE.12TH FLOOR ORLANDO, FL 32801		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			

Signature, typed or printed name of registered agent and title if applicable

000000603802 01/29/07-80029-007 500.00

DATE

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:

DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS
CITY+ST-ZIP

STREET ADDRESS CITY-S1-719

CHECK

SIGNATURE AND TYPES OR PRINTED MAME OF SIGNING GENERAL PARTNEY

1/23/07

Daytime Phone #