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

DO NOT WRITE IN THIS SPACE

FILED Apr 30, 2007 08:00 A Secretary of State

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1. Entity Name

CORDOVA COLLECTION LIMITED PARTNERSHIP



Principal Place of Business

3500 EASTERN BLVD. MONTGOMERY, AL 36116 Mailing Address

P.O. BOX 235000

MONTGOMERY, AL 36123-5000



01192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 63-1026890 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

1200 S. PI	PORATION SYSTEM NE ISLAND ROAD ION, FL 33324	DO NOT WRITE IN THIS SPACE								
8. The above the obligat	named entity submits this statement for the purpose of changing its relicions of registered agent.	egistered office or register	ed agent, or both,	n the State of Florida. I am familiar with, and accept						
SIGNATURE	Signature, typed or printed name of registered agent and liftle if applicable	DATE								
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.									
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	T								
DOCUMENT #	854480	1								
NAME	ARONOV REALTY CO., INC.			•						
STREET ADDRESS	3500 EASTERN BLVD.									
CITY-ST-ZIP	MONTGOMERY, AL									
DOCUMENT #			•							
NAME				1200000740000						
STREET ADDRESS		•		U00000748606 05/17/07~80076-011 500.00						
CITY-ST-ZIP		•	٠.	05/17/07-80076-011 500.00						
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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

SIGNATURE:

STAPLE

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER

4-26-27

34-277-1000

Dale

Daytime Phone