2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A30598

1. Entity Name TREEHOUSE ASSOCIATES, LTD.



Principal Place of Business

Mailing Address

2295 CORPORATE BOULEVARD, N.W., SUITE 222 BOCA RATON, FL 33431

2295 CORPORATE BOULEVARD, N.W., SUITE 222 BOCA RATON, FL 33431

FILED

2007 MAR 19 PM 3:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 22-2635211

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRICK, NORTON 2295 CORPORATE BOULEVARD, N.W., SUITE 222 BOCA RATON, FL 33431

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, the obligations of registered agent.	in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE

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.

L	NOTE. General Partners MAY NOT be changed on		
Ī	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT #	S00111	
	NAME	2701, INC.	
	STREET ADDRESS	2295 CORP. BLVD. NW,#222	
	CITY-ST-ZIP	BOCA RATON, FL 33431	
	DOCUMENT #		
	NAME		
	STREET ADDRESS		
-	CITY-ST-ZIP		
	DOCUMENT #		
l	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
- [DOCUMENT #		
١	NAME		
1	STREET ADDRESS		
ᇤ	CITY-ST-ZIP		
Ξſ	DOCUMENT #		
ا يَثِ	NAME		
뿣	STREET ADDRESS		
STAPLE CHECK HERE	CITY-ST-ZIP		
	DOCUMENT #		
žΙ	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

800094862288 03/27/07--01033--027 **563.75

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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Controller of GP

320

CHECK HERE