


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Jun 05, 2007 08:00 AM
Secretary of State

DOCUMENT #A30705 1. Entity Name POLYN TAYLOR-ONE LIMITED PARTNERSHIP	
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Principal Place of Business 7479 CONROY ROAD SUITE B ORLANDO, FL 32835	Mailing Address P.O. BOX 1727 WINDERMERE, FL 34786
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05242007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3078307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WAITE, NORMA L. 7479 CONROY ROAD SUITE B ORLANDO, FL 32835	DO NOT WRITE IN THIS SPACE
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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 *Norma Waite MD*
Signature, typed or printed name of registered agent and title if applicable

5-24-07
DATE

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

DOCUMENT #	
NAME	WAITE, NORMA L
STREET ADDRESS	7479 CONROY ROAD, SUITE B
CITY-ST-ZIP	ORLANDO, FL 32835
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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06/05/07-80003-005 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

I 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 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, and am empowered to execute this report as required by Chapter 620, Florida Statutes.

Norma Waite MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-24-07
Date Daytime Phone #