


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

**FILED**  
**Feb 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A31306</b> 1. Entity Name SQF, LTD.	
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Principal Place of Business 102 BUCKSKIN LANE ORMOND BEACH, FL 32174	Mailing Address 102 BUCKSKIN LANE ORMOND BEACH, FL 32174
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**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0249964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  QUANDT-FREW, SABINA 102 BUCKSKIN LANE ORMOND BEACH, FL 32174
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$800.00</b>	
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**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 STREET ADDRESS CITY-ST-ZIP	QUANDT-FREW, SABINA 102 BUCKSKIN LANE ORMOND BEACH, FL
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02/20/07-80003-022 500.00

**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

<b>SIGNATURE:</b> 	2/6/07 (386) 672-8329
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>

STAPLE CHECK HERE