2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007 FILED DOCUMENT # A32117 07 HAY 18 AM 9: 42 JDRP 79TH AVE. ASSOCIATES, L.P., SECRETARY OF STATE TALL MIASSEE, FLORIDA Principal Place of Business Mailing Address 4710 EISENHOWER BLVD., SUITE C-1 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634 TAMPA, FL 33634 01292007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3086585 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABRAMS, ALLAN DO NOT WRITE 4710 EISENHOWER BLVD., STE. C-1 TAMPA, FL 33634 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, typed or printed name of registered agent and title if applicable 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. GENERAL PARTNER INFORMATION 12. P35958 DOCUMENT 4 400103608124 NAME 79TH AVE. 91 CORP. 05/31/07--01027--006 **500.00 STREET ADDRESS 4710 EISENHOWER BLVD #C-1 CITY-ST-ZIP TAMPA, FL 336346334 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A NAME STREET ADDRESS CITY - ST-ZIP DOCUMENT # NAME

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Hoover