

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

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A32126**

1. Entity Name  
**ST. PETE MOB LIMITED PARTNERSHIP**



Principal Place of Business  
**1200 LAKE HEARN DRIVE  
#275  
ATLANTA, GA 30319**

Mailing Address  
**1200 LAKE HEARN DRIVE  
#275  
ATLANTA, GA 30319**



**DO NOT WRITE IN THIS SPACE**

01112007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

**58-1890431**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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

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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P35974**  
NAME **SCOTT & ASSOC., INC.**  
STREET ADDRESS **1200 LAKE HEARN DRIVE SUITE 275**  
CITY- ST- ZIP **ATLANTA, GA 30319**

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000000603786  
01/29/07-80029-001 500.00

**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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**404-252-1200**

STAPLE CHECK HERE