


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # A32413 1. Entity Name SENSATIONS, LTD.	
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Principal Place of Business 337 EAST INDIANTOWN ROAD, SUITE 14 JUPITER, FL 33477	Mailing Address 337 EAST INDIANTOWN ROAD, SUITE 14 JUPITER, FL 33477
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0301237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROORK, JAY
337 EAST INDIANTOWN ROAD, SUITE 14
JUPITER, FL 33477**

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 _____ DATE _____
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

U000000590685
01/18/07-80071-022 500.00

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 #	S96423
NAME	SENSATIONS, INC.
STREET ADDRESS	337 EAST INDIANTOWN ROAD, SUITE 14
CITY-ST-ZIP	JUPITER, FL 33477
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Jay Rook JAY ROOK 1-16-07 1-521-743-9233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE