

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 MAR 23 AM 9:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A32924

1. Entity Name
 MINORCA HOLDINGS, LTD.



Principal Place of Business
 1608 S.E. SHELburnIE WAY
 PORT ST. LUCIE, FL 34952 *N/A*

Mailing Address
 1608 S.E. SHELburnIE WAY
 PORT ST. LUCIE, FL 34952 *N/A*

New Address *New Address*

2. Principal Place of Business - No P.O. Box #
 3728 Belle Rose DR

3. Mailing Address
 3728 Belle Rose DR

Suite, Apt. #, etc.

City & State
 Leesburg FL

City & State
 Leesburg FL

Zip
 34748

Country
 US

03162007 Chg-LP CR2E003 (12/06)

4. FEI Number
 65-0328112

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M.
 KRAMER & ZUCKERMAN, P.A.
 4000 HOLLYWOOD BLVD., SUITE 485 SO.
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	WARSAGER, JACK	STREET ADDRESS	
NAME	1608 SE SHELburnIE WAY	CITY-ST-ZIP	
STREET ADDRESS	PORT ST. LUCIE, FL 34952		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

500035215555
 03/23/07--01017--006 **500.00

STAPLE CHECK HERE

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: *Jack Warsager* Date: *3/18/07* Daytime Phone #: *954-325-2686*

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