

**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*

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

3. Mailing Address  
*New Address*  
**3728 Belle Rose DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162007

Chg-LP

CR2E003 (12/06)

City & State  
**Leesburg FL**

City & State  
**Leesburg FL**

4. FEI Number  
**65-0328112**

Applied For  
Not Applicable

Zip  
**34748** Country  
**US**

Zip  
**34748** Country  
**US**

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

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**WARSAGER, JACK**  
**1608 SE SHELburnIE WAY**  
**PORT ST. LUCIE, FL 34952**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**500035215555**  
**03/29/07--01017--006 \*\*500.00**

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CITY-ST-ZIP

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* **Jack Warsager** *3/18/07* **954-325-2686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE