2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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DÖČUMENT # A33115 1. Entity Name HENRY & COMPANY, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS 07 JAN -8 AM 8: 07	
				\	1 27 1 0 111 0 01	
Principal Place of Business Mailing Address						
450 ROYAL PALM WAY 450 ROYAL PALM WAY			1			
SUITE 401 SUITE 401						
PALM BEACH, FL 33480 PALM BEACH, FL 3348			80		O I ISBNETI PROGRAMA AND AND INCOMENDATION OF THE BURN BURN BURN BURN BURN BURN BURN BURN	Je:
2 Principal F	Manager Business No. B.O. Boy #	3. Mailing Address				
Principal Place of Business - No P.O. Box # Mailing Address					TAX I KERPEN TERRE KINDE KINDE KINDEN BIKIN BIKIN BIKIN BIKIN BIKIN BIKIN BIKEN BIKEN BIKEN BIK TA	lk)
Suite, Apt. #, etc. Suite, Apt. #, etc.					\mathcal{N}_{ι}	
Suite, Apt. #, etc.					₫1042007 Chg-LP CR2E003 (12/06)	
City & Stat	е .	City & State	City & State		4. FEI Number Applied F	For
,					65-0342067 Not Appli	
Zip Country		Zip Coun		itry	/ \$8.75 Additional	_
İ					5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
				Name		
	HENRY, PATRICK III			Street Address	(P.O. Box Number is Not Acceptable)	
	L PALM WAY , SUITE 401 ACH, FL 33480			Circle Address	(1.5. Dax Number is Not Acceptable)	
FALM BEA	(CH, FL 33460					
				City	FL Zip Code	
		or the purpose of changing its	s register	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and ac	cept
the obligations of registered agent.						
SIGNATURE						
Contract to the contract to the contract of th						
FILE NOW!!! FEE IS \$500.00 01/12/0701009007 ***508.75						
	A GENERAL PARTNER	THAT IS A BUSINESS EN	NTITY M	UST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12.	GENERAL PARTNE		13.	, an amenume	ADDRESS CHANGES ONLY	
DOCUMENT #	I GENERALIYANI		- '''		ADDITION OF INNOES ONE!	
NAME	HENRY, PATRICK		SIRE	ET ADDRESS		
STREET ADDRESS	450 ROYAL PALM WAY, SUITE 401					
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP			
DOCUMENT #						
NAME			STRE	ET ADDRESS		
STREET ADDRESS			CUTY	- SI - ZIP		
CITY-ST-ZIP '			Cit	-51-217		
DOCUMENT#			CID	ET ADDRESS		
NAME			SIME	EL VONIESS		
STREET ADDRESS			CITY	· SI · ZIP		
CITY - ST - ZIP						
DOCUMENT #			STRE	ET ADDRESS		
NAME						
STREET ADDRESS			CITY	-ST-ZIP		
CITY-ST-ZIP				ļ . <u> </u>		
DOCUMENT #			SIRE	ET ADDRESS		
NAME CIGGET ADDRESS				ļ		
STREET ADDRESS CITY - ST - ZIP			CITY	-S1-ZIP		
DOCUMENT #	ENT #		STRE	ET ADDRESS		
NAME STREET ADDRESS		! -		ļ		
ł	IY -SI - ZIP		CITY	CITY-ST-ZIP		
44 41		th this filing do ""	(a. di -		40.51	
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 tray and accurate anythat 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 improvement to exempt this report as required by Chapter 620, Florida Statutes						
SIGNATURE: PAFRICE HISNEY GENERAL PARTNER 1-4-07 SW-832-3101						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Datame Proce #						