


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

<b>DOCUMENT # A92000000120</b> 1. Entity Name STUART TOWER OF MARTIN COUNTY, LTD.	
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Principal Place of Business 719 COLORADO AVE STUART, FL 34994	Mailing Address 719 COLORADO AVE STUART, FL 34994
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<b>DO NOT WRITE IN THIS SPACE</b>
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FILED  
07 JUN -1 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



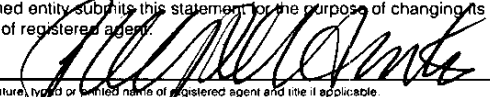
04182007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0349632	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DESANTIS COMMERCIAL INC. 719 COLORADO AVE STUART, FL 34994
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 4/20/07
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<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>
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<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>
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12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L76981
NAME	ZEREGA CORP
STREET ADDRESS	719 COLORADO AVE
CITY-ST-ZIP	STUART, FL 34994
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	

<b>800104218678</b> <b>06/11/07--01032--015 **500.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>
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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
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<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	_____ Date	_____ Daytime Phone #
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