

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # A92000000265					
1. Entity Name H.E. EHLERS ENTERPRISES, LTD.					
Principal Place of Business 423 ST. ANDREWS DR. BELLEAIR, FL 33756			Mailing Address 423 ST. ANDREWS DR. BELLEAIR, FL 33756		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3155836	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EHLERS, HERBERT E 423 ST. ANDREWS DR. BELLEAIR, FL 33756				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> 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	1000000628440	
NAME	EHLERS, HERBERT E		CITY-ST-ZIP	02/16/07-80015-020 500.00	
STREET ADDRESS	423 ST. ANDREWS DR.				
CITY-ST-ZIP	BELLEAIR, FL 33756				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	EHLERS, MARY A		CITY-ST-ZIP		
STREET ADDRESS	423 ST. ANDREWS DR.				
CITY-ST-ZIP	BELLEAIR, FL 33756				
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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: <i>Herbert E. Ehlers</i>			HERBERT E. EHLERS		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small> 2/5/07 <small>Daytime Phone</small> 813-417-6168		

STAPLE CHECK HERE