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

FILED Feb 26, 2007 08:00 AM Secretary of State

DOCUMENT # A93000000443	D	OCI	IMEN	JT#	A9300	0000443
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1. Entity Name

PALMETTO PROPERTIES LTD.



Principal Place of Business

516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756

Mailing Address

516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756



02092007 No Chg-LP

CR2E003 (12/06)

4.	FEI Number
<b>-</b>	59-3197177

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, KEVIN T 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756 DO NOT WRITE
IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.</li> </ol>	agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Sonature, 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.

		NOTE: General Partners MAY NOT be changed on the f					
	12. GENERAL PARTNER INFORMATION						
	DOGUMENT #	L01000000034 PALMETTO VILLAS, LLC					
	STREET ADDRESS	516 LAKEVIEW ROAD, UNIT 8					
_	DOCUMENT # NAME SIBEET ADDRESS CITY-ST-ZIP	CLEARWATER, FL 33756					
•	DOCUMENT & NAME STREET ADDRESS CITY-ST-ZIP		,				
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP						
	Document # NAME Street address		<i>:</i>				

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DO NOT WRITE

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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:

CHECK HIRE

CITY-ST-7IP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-7IP

VATURE AND TYPED OR PRODUCT MAKE OF SIGNING GRAFFILL THE FLYNN

2/15/07 727-449-118

LLC General Partner