


2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

DOCUMENT # A93000000902 1. Entity Name ELIHOREPH, LTD.	
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Principal Place of Business 427 CITY LINE ROAD E BOWLING GREEN FL 33834	Mailing Address P.O. BOX 668 BOWLING GREEN FL 33834
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2. Principal Place of Business - No P.O. Box # 427 County Line Rd. E Suite, Apt. #, etc. Bowling Green, FL City & State	3. Mailing Address 427 Co. Line Rd. E. Suite, Apt. #, etc. Bowling Green, FL City & State
Zip <u>33834</u> Country <u>U.S.A.</u>	Zip <u>33834</u> Country <u>U.S.A.</u>

FILED

2007 APR -3 AM 11:27



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent PARKER, JAMES D RT. 1, BOX 250-H COUNTY LINE ROAD, EAST BOWLING GREEN FL 33834	7. Name and Address of New Registered Agent Name <u>Parker, James D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>427 County Line Road, East</u> City <u>Bowling Green</u> FL Zip Code <u>33834</u>
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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 James D. Parker [Signature] DATE 3/18/07

Signature, typed or printed name of registered agent and used if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 PARKER, JAMES D STREET ADDRESS 427 COUNTY LINE ROAD E CITY ST /ZIP BOWLING GREEN FL 33834	STREET ADDRESS CITY ST /ZIP <div style="text-align: right; font-size: 2em;">988</div>
DOCUMENT # NAME PARKER, CARROLL S STREET ADDRESS 427 COUNTY LINE ROAD E CITY ST /ZIP BOWLING GREEN FL 33834	STREET ADDRESS CITY ST /ZIP <div style="text-align: center;"> 400095164304 04/09/07--01005--023 **500.00 </div>
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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: James D. Parker [Signature] DATE 3/18/07 863-375-4311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

STAPLE CHECK HERE