


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

**FILED**

2007 MAR 19 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |
|--|---|
| <b>DOCUMENT # A94000000765</b>             |  |
| 1. Entity Name<br>REIBER ENTERPRISES, LTD. |   |

|  |  |
|--|--|
| Principal Place of Business<br>3000 EAST FLETCHER AVE., SUITE 230<br>TAMPA, FL 33613 | Mailing Address<br>3000 EAST FLETCHER AVE., SUITE 230<br>TAMPA, FL 33613 |
|--|--|

|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|  |  |
|--|--|
| Suite, Apt. #, etc.<br>5055 Gulf of Mexico Dr. | Suite, Apt. #, etc.<br>5055 Gulf of Mexico Dr. |
| City & State<br>Longboat Key, FL               | City & State<br>Longboat Key, FL               |
| Zip<br>34228                                   | Country<br>Manatee                             |

|   |  |                 |
|---|--|-----------------|
| 02052007  | Chg-LP   | CR2E003 (12/06) |
| 4. FEI Number<br>59-3252476                               | Applied For<br><input type="checkbox"/> Not Applicable |                 |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |                 |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>REIBER, E. WILLIAM<br>3000 EAST FLETCHER AVE., SUITE 230<br>TAMPA, FL 33613 |  |
|--|--|

|  |  |
|--|--|
| 7. Name and Address of New Registered Agent<br>Name: Reiber, E. William<br>Street Address (P.O. Box Number is Not Acceptable):<br>5055 Gulf of Mexico Dr.<br>City: Longboat Key FL Zip Code: 34228 |  |
|--|--|

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: Robert Reiber 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 #                      | REIBER, E. WILLIAM                 | STREET ADDRESS           |  |
| NAME                            | 3000 EAST FLETCHER AVE., SUITE 230 | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | TAMPA, FL 33613                    |                          |  |
| CITY-ST-ZIP                     |                                    |                          |  |
| DOCUMENT #                      |                                    | STREET ADDRESS           |  |
| NAME                            |                                    | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                    |                          |  |
| CITY-ST-ZIP                     |                                    |                          |  |
| DOCUMENT #                      |                                    | STREET ADDRESS           |  |
| NAME                            |                                    | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                    |                          |  |
| CITY-ST-ZIP                     |                                    |                          |  |
| DOCUMENT #                      |                                    | STREET ADDRESS           |  |
| NAME                            |                                    | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                    |                          |  |
| CITY-ST-ZIP                     |                                    |                          |  |
| DOCUMENT #                      |                                    | STREET ADDRESS           |  |
| NAME                            |                                    | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                    |                          |  |
| 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: Robert Reiber 3/14/07 941 383 5651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE