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

DO NOT WRITE IN THIS SPACE

DOCUMENT # A9400001064

1. Entity Name

ESTÉIN & ASSOCIATES USA, LTD.



FILED Apr 27, 2007 08:00 A Secretary of State

Principal Place of Business

5211 INTERNATIONAL DRIVE ORLANDO, FL 32819

Mailing Address

5211 INTERNATIONAL DRIVE ORLANDO, FL 32819



04162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3258143

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTEIN LOTHAR

| | ERNATIONAL DRIVE D, FL 32819 | IN THIS SPACE | |
|----------------|--|--|--------|
| | tions of registered agent. | its registered office or registered agent, or both, in the State of Florida. I am familiar with, and | accept |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. FILE NOWI!! FEE IS \$500.00 After May 1, 2007, Fee will be \$9 | | |
| | | ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 1 the form; an amendment must be filed to change a general partner. | |
| 12. | GENERAL PARTNER INFORMATION | | |
| DOCUMENT # | P94000056171 | | |
| NAME | G.P. ESTEIN CORPORATION | | ٠. |
| STREET ADDRESS | 5211 INTERNATIONAL DRIVE | | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | | • |
| DOCUMENT / | | | •. • |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | The state of the s | |
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| NAME | | | , |
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| NAME | | | |
| STREET ADDRESS | | | ٠, |
| CITY-ST-ZIP | | | |
| DOCUMENT# | | | , |

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:

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER