

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

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # A94000001638

1. Entity Name  
**DE LA PARTE PARTNERSHIP, LTD.**



Principal Place of Business  
**3435 BAYSHORE BLVD., #1700**  
TAMPA, FL 33629

Mailing Address  
**3435 BAYSHORE BLVD., #1700**  
TAMPA, FL 33629



**DO NOT WRITE IN THIS SPACE**

02222007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3283650</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DE LA PARTE, L. DAVID**  
3435 BAYSHORE BLVD., #1700  
TAMPA, FL 33629

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, 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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DE LA PARTE, HELEN W**  
3435 BAYSHORE BLVD., #1700  
TAMPA, FL 33629

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DE LA PARTE, L. DAVID**  
101 E. KENNEDY BLVD., STE. 3400  
TAMPA, FL 33602

DOCUMENT #  
NAME  
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:** *Helen W de la Parte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4-16-07 813891.7967*

Date

Daytime Phone #

STAPLE CHECK HERE

**DO NOT WRITE  
IN THIS SPACE**

*000000718397  
05/01/07-80021-010 500.00*