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

FILED Mar 19, 2007 08:00 AM Secretary of State

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1. Entity Name
GRAYWATER INVESTMENTS, LTD.



Principal Place of Business

4320 WOODLAND PARK DR. WEST MELBOURNE, FL 32904 Mailing Address

4320 WOODLAND PARK DR. WEST MELBOURNE, FL 32904



02092007 No Chg-LP

CR2E003 (12/06)

59-3298275 5. Certificate of Status Desired		\$8.7	Not Applicable Additional		
4. FEI Number 59-3298275			Applied For Not Applicable		

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CIA DEVELOPMENT, INC. 4320 WOODLAND PARK DR. WEST MELBOURNE, FL 32904

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	Ons of registered agent. Signature, typed or printed name of registered agent and title if applicable	DATE				
-		• UAIE				
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	00				
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.				
12.	GENERAL PARTNER INFORMATION					
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P9400050548 CIA DEVELOPMENT, INC. 4320 WOODLAND PARK DR. WEST MELBOURNE, FL 32904					
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP		000000672949 03/29/07-80009-017 500.00				
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE				
DOCUMENT > NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP						
DOCUMENT # NAME STREET ADDRESS CHY-SI-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						