

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

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A95000000051**

1. Entity Name  
**MITIGATION SOLUTIONS, LTD.**



Principal Place of Business  
**7220 FINANCIAL WAY, SUITE 400  
JACKSONVILLE, FL 32256**

Mailing Address  
**7220 FINANCIAL WAY, SUITE 400  
JACKSONVILLE, FL 32256**



04092007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3296069**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ALLEN, LAURA HENRY  
7220 FINANCIAL WAY, SUITE 400  
JACKSONVILLE, FL 32256**

**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

1000000706955  
04/24/07-80055-009 150.00  
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 # **P94000013173**  
NAME **MITIGATION SOLUTIONS, INC.**  
STREET ADDRESS **7220 FINANCIAL WAY, SUITE 400**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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IN THIS SPACE**

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:**

*Laura Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/07  
Date

904 296 8006  
Daytime Phone #

STAPLE CHECK HERE