


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

| | |
|--|---|
| DOCUMENT # A95000000260 1. Entity Name MIDTOWNE PARTNERS, LTD. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 3096 TAMIAMI TRAIL N SUITE 4 NAPLES, FL 34103 | Mailing Address 3096 TAMIAMI TRAIL N SUITE 4 NAPLES, FL 34103 |
|---|---|

| | |
|---|--|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address PO BOX 767 Suite, Apt. #, etc. City & State NAPLES, FLORIDA Zip 34106 Country COLLIER |
|---|--|

FILED
2007 MAR 13 AM 10:07
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01082007 Chg-LP CR2E003 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0560789 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

| |
|--|
| 6. Name and Address of Current Registered Agent FERNSTROM, CARL M 3096 TAMIAMI TR N. #4 NAPLES, FL 34103 |
|--|

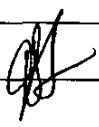
| |
|---|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 # NAME STREET ADDRESS CITY-ST-ZIP | H97653 DIVERSIFIED REAL ESTATE GROUP, INC. 3096 TAMIAMI TRAIL N., STE. 4 NAPLES, FL 34103 | STREET ADDRESS CITY-ST-ZIP |  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 400094622644 03/23/07--01049--020 **500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/9/07