


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 22, 2007 08:00 A
Secretary of State

DOCUMENT # A95000001295 1. Entity Name C & K MARSHALL ENTERPRISES, LTD.	
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Principal Place of Business 16407 AVILA BLVD. TAMPA, FL 33613	Mailing Address 16407 AVILA BLVD. TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3337828	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARSHALL, CARLTON F 16407 AVILA BLVD. TAMPA, FL 33613

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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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	MARSHALL, CARLTON F
STREET ADDRESS	16407 AVILA BLVD.
CITY-ST-ZIP	TAMPA, FL 33613
DOCUMENT #	
NAME	MARSHALL, KATHERINE
STREET ADDRESS	16407 AVILA BLVD.
CITY-ST-ZIP	TAMPA, FL 33613
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/31/07-80017-001 900.00

DO NOT WRITE 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-16-07

Date

813-247-3647

Daytime Phone #

STAPLE CHECK HERE