2007 LIMITED RARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000001358

1. Entity Name

FLEMING ISLAND BUSINESS CENTER LTD.



FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business 1590 ISLAND LANE, STE. 28 ORANGE PARK, FL 32003 Mailing Address

1590 ISLAND LANE, STE. 28 ORANGE PARK, FL 32003



03162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number			Applied For
56-1941401			Not Applicable
5. Certificate of Status Desired	\$8.75 Additional		

6. Name and Address of Current Registered Agent

O'CONNOR, JOHN W 1590 ISLAND LANE, STE. 28 ORANGE PARK, FL 32003

SIGNATURE

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its relons of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
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	F47768 O'CONNOR DEVELOPMENT CORPORATION 1590 ISLAND LANE, STE. 28 ORANGE PARK, FL 32003	the first first and the second of the second		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		U00000711304 04/25/07-80077-024 500.00		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE A SECOND		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	·	IN THIS SPACE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		ag vergisk for treit folk og forska for til av treit gardes at sammer med.		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		en personal de la proposición de la composición de la proposición de la proposición de la proposición de la pr La proposición de la		
14. I hereby certify that the information supplied with this filling 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 ampowered to execute this report as required by Chapter 620, Florida Statutes				