

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

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000001489**

**1. Entity Name**  
**MONTGOMERY CIRCLE WAREHOUSE PROPERTY, LTD.**



**Principal Place of Business**  
**6730 EPPING FORST WAY, N. #107**  
**JACKSONVILLE, FL 32217**

**Mailing Address**  
**6730 EPPING FORST WAY, N. #107**  
**JACKSONVILLE, FL 32217**



01062007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-3339840**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

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

**POLLAK, LEWIS B SR.**  
**6730 EPPING FOREST WAY, N. #107**  
**JACKSONVILLE, FL 32217**

**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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**U00000668269**  
**03/27/07-80021-016 500.00**

**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 #** P95000075958  
**NAME** LBP WAREHOUSE MANAGEMENT, INC.  
**STREET ADDRESS** 6730 EPPING FORST WAY, N. #107  
**CITY-ST-ZIP** JACKSONVILLE, FL 32217

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**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:**

*Lewis B. Pollak*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

*3/8/07*  
**Date**

*904-7323045*  
**Daytime Phone #**

STAPLE CHECK HERE