

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

**FILED  
Jan 23, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # A95000001849</b>	
1. Entity Name ARBUTINE ASSOCIATES LIMITED	

Principal Place of Business 1350 WEST BAY DR BELLEAIR BLUFFS, FL 33770	Mailing Address 784 CORTEZ AVE. BELLEAIR BLUFFS, FL 33770
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 59-3351118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ARBUTINE, PATRICIA L 784 CORTEZ AVE BELLEAIR BLUFFS, FL 33770
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**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 STREET ADDRESS CITY-ST-ZIP	ARBUTINE, MILLER B TRUSTEE 784 CORTEZ AVE BELLEAIR BLUFFS, FL 33770
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ARBUTINE, PATRICIA L TRUSTEE 784 CORTEZ AVE BELLEAIR BLUFFS, FL 33770
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**DO NOT WRITE  
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U00000598263  
01/25/07-80020-004 250.00

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01/25/07-80020-005 250.00

STAPLE CHECK HERE

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: <u>Patricia L. Arbutine</u> <u>Patricia L. Arbutine</u>	Date: <u>1/15/07</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	
<small>Date</small>	
<small>Daytime Phone #</small>	

727-681-6827