2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A95000002024

PRICE INVESTMENTS LIMITED PARTNERSHIP



Principal Place of Business

8430 ABBINGTON CIRCLE, UNIT C22

NAPLES, FL 34108

Mailing Address

8430 ABBINGTON CIRCLE, UNIT C22

NAPLES, FL 34108

FILED

2007 MAY 10 AM 10: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

03152007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 36-4015094 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, HOMER 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES, FL 33963

DO NOT WRITE IN THIS SPACE

	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	d accept
	the obligations of registered light.		,
	T Tues		
SIC	SNATURE TOMEN A, VILLE		
	Signature, types or printed name of registered agent and title it applicable	JE A	<i>F</i>
		7817	

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. form; an amendment must be filed to change a general partner.

	NOTE: General Partners MAY NOT be changed on the			
	12.	GENERAL PARTNER INFORMATION		
٠	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PRICE, HOMER L TRUSTEE 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES, FL 33963		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PRICE, SHIR LEE TRUSTEE 8430 ABBINGTON CIRCLE, UNIT C22 NAPLES, FL 33963		
1	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
EĤE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
STAPLE CHECK HEĤE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
STAPL	DOCUMENT #			

600103098906 05/23/07--01020--008 **\$00.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 empoweged to execute this report as required by Chapter 620, Florida Statules

SIGNATURE: \(\(\)

DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP