


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

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000000258</b> 1. Entity Name SULTENFUSS LTD., FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 29 DAVIS BLVD., SUITE A TAMPA, FL 33606	Mailing Address 29 DAVIS BLVD., SUITE A TAMPA, FL 33606
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04242007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3361547	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  SULTENFUSS PROPERTIES, INC. 29 DAVIS BLVD., SUITE A TAMPA, FL 33606
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SULTENFUSS, VINCENT J SR 29 DAVIS BLVD., SUITE A TAMPA, FL 33606
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<p>U000000746734 05/16/07-80080-012 500.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u>Vincent J. Sultenfuss, Sr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date <u>4-26-07</u>	Daytime Phone # <u>813-251-4699</u>
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Vincent J. Sultenfuss, Sr.

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