2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A9600000379 1. Entity Name ZIMMERMANN LEHIGH PROPERTY, LTD.						FILED 07 HAY 24 AM 9: 42			
Principal Plac ECHENWEG 2 51519 ODEN GERMANY,	<u>.</u> 1	S	Mailing Address P.O. DRAWER 400 FORT MYERS, FL 33902			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal P		ness - No P.O. Box #	3. Mailing Address 9100 College Pointe Ct Suite, Apt. #.etc.						
City & State			City & State			04172007 4. FEI Number	Chg-LP	CR2E003 (12/06) Applied For	
Zip	ip Country		Fort Myers, Zip 33919	Country USA		65-07051 5. Certificate of	-	Not Applicable	
6. Name and Address of Current						7. Name and Ad	dress of New Re		
WINCEY D	, unch	10		Name					
KINSEY, D. HUGH JR. 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919					Street Address (P.O. Box Number is Not Acceptable)				
					City	FL Zip Code			
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 contractions of contractions of contractions of contractions.									
the obligations of registered agent. SIGNATURE 4/21/07									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.									
FILE NOW!!! FEE I\$ \$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 13.							ADDRESS CHANGES ONLY		
DOCUMENT #	P9600001	17667 MANN PROPERTY MA	NACEMENT INC	STREET ADDRESS		900103636219			
STREET ADDRESS CITY-ST-ZIP	9100 COL	LEGE POINTE COUR ES, FL 33919	•		r-ST-ZIP	900103636219 06/01/0701005012 **500.00			
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14. 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. Zimmerman 4/24/07									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dayline Phone #									