-

2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A96000000420

1. Entity Name SAUFLEY CENTER PARTNERS, LTD.



FILED Apr 16, 2007 08:00 All Secretary of State

Principal Place of Business

120 E. MAIN ST., STE. A PENSACOLA, FL 32501 Mailing Address

120 E. MAIN ST., STE. A PENSACOLA, FL 32501



DO NOT WRITE IN THIS SPACE

04112007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3366618

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NASH, NEAL B 120 E. MAIN ST., STE. A PENSACOLA, FL 32501

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

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

		NOTE: General Partners MAY NOT be changed on t	he f
	12.	GENERAL PARTNER INFORMATION	T
	DOCUMENT #	P95000041680	٦
	NAME	SAUFLEY CENTER, INC.	į
	STREET ADDRESS	120 E. MAIN ST., STE. A	- 1
	CITY-ST-ZIP	PENSACOLA, FL 32501	ı
	DOCUMENT #		
į	NAME		ľ
	STREET ADDRESS		
-	CITY-ST-ZIP		
	DOCUMENT #		
	NAME		ď
	STREET ADDRESS		1
	CITY-ST-ZIP		ı
	DOCUMENT #		
i	NAME		ı
u l	STREET ADDRESS		
ב ב	CITY-ST-ZIP		
מחמה אטסהט	DOCUMENT #		٦.
וֹלַ	NAME		i,
Š	STREET ADDRESS		1
	CITY-ST-ZIP		
SIAFLE	DOCUMENT #		,
<u>-</u>	NAME		1
ı	STREET ADDRESS		- 1

15/000000711042 04/25/07-80066-021/500.0

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

NEAL NASH

4-12-07

850-429-8640