

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 25 AM 10: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03292007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0671467 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # A96000000526
1. Entity Name
FLORDECO, LTD.



Principal Place of Business 8359 BEACON BLVD FT. MYERS, FL 33907
Mailing Address 8359 BEACON BLVD FT. MYERS, FL 33907

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
CRONIN, THOMAS R SR.
8359 BEACON BLVD
FT. MYERS, FL 33907

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
8727 N TAMIAH TRL.
City **N. FT MYERS** FL Zip Code **33903**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000081349	STREET ADDRESS	
NAME	INVESTORS TRUST, INC.	CITY-ST-ZIP	
STREET ADDRESS	8359 BEACON BLVD		
CITY-ST-ZIP	FT. MYERS, FL 33909		
DOCUMENT #		STREET ADDRESS	900101870619
NAME		CITY-ST-ZIP	05/09/07--01005--020 **508.75
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Thomas R Cronin* **3/29/07 239-936-8888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE