


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000001045	
1. Entity Name NASSAU BAY LIMITED PARTNERSHIP	

Principal Place of Business 1312 LAUREL POINT CIRCLE HARRISBURG, PA 17110	Mailing Address 1312 LAUREL POINT CIRCLE HARRISBURG, PA 17110
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03122007 Chg-LP CR2E003 (12/06)

4. FEI Number 25-1789626	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARMICHAEL, KEVIN ESQUIRE 19495 BISCAYNE BLVD., SUITE 606 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ 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 # NAME STREET ADDRESS CITY-ST-ZIP	GP9600000328 AIM 2525 NORTH SEVENTH STREET HARRISBURG, PA 17110	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SCHWAB, ISRAEL 1312 LAUREL POINT CIRCLE HARRISBURG, PA 17110	STREET ADDRESS CITY-ST-ZIP	
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04/03/07-80030-005 500.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/19/07 717-232-0631
Date Daytime Phone #

STAPLE CHECK HERE