2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

| | | ., ., | | _ | | | | |
|---|---|---------------------|----------------------|--|-----------------------------|---|---------------------|--|
| DOCUMENT # A9600001240 1. Entity Name APALACHEE ENTERPRISES, LTD. | | | | FILED | | | | |
| | | | 2007 APR -5 AM 9: 45 | | | | | |
| Principal Place | e of Business | Mailing Address | 16.6 | SECOUNT | 4 0 1 4 - | | | |
| 1222 WAVERLY RD -212 HOFFMAN DR. | | CHANGE | TALLAGA | RY OF STA | ΤΕ | | | |
| TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32 | | | . Civ. | MELAHAS | ARY OF STAT SSEE. FLOR | IDA | | |
| | | | | | | | RII 8911911 96 1996 | |
| 2 Principal P | lace of Business - No P.O. Box # | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1,2,22 WaverN | | | lu Rd | | ALE BALIS DEALI EELIA BERIA | 33 00 33 00 030 030 130 3 30 | li) (3) 3 9 11 | |
| Suité, Apt. #, etc. | | Suite, Apt. #, etc. | | - | | | | |
| oute, Apr. II, etc. | | Sund, April Maria | | 03282007 | Chg-LP | CR2E003 (12/ | (06) | |
| Çity & State | | City & State | | 4. FEI Number | | | Applied For | |
| • • | | Tallahassee, Fl | | 59-33922 | 233 | | Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of | Statue Degrad | □ \$8.75 | Additional | |
| | | 32312 | Leon | 5. Certificate of | Jiaius Desireu | Fee Red | quired | |
| | 6. Name and Address of Current F | Registered Agent | | 7. Name and A | ddress of New Re | egistered Agent | | |
| 0.450.440.05 | | | | Name SAME | | | | |
| | LDE, JUDITH | ANGU | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| OWEN WILDE, JUDITH 212 HOFFMAN DR. TALLAHA63EE, PL 92312 CHANGE | | | | discontinuos (Control de Santinuos de Control de Santinuos de Control de Santinuos de Control de Santinuo de Control de C | | | | |
| 7200 11 11 10 | 02012 | 122 | 1222 Waverly Rd. | | | | | |
| | | City T | | | | | | |
| lallah | | | | | 2 | FL Zp | 12312 | |
| 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 punted 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 | | 13. | | ADDRESS CHA | • | | |
| DOCUMENT # | | | | | | | (4) | |
| NAME | OWEN, WILLIAM C | STREET ADDRESS | | | | 90 | | |
| STREET ADDRESS | 2803 RABBIT HILL ROAD | | CITY-ST-ZIP | - - | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32312 | | 0111-01-211 | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | 00965 | | j | |
| NAME | WILDE, JUDITH O | | | 04/11/0 | <u> 0701038-</u> | <u>-008 **50</u> (| 0.00 | |
| STREET ADDRESS | 1222 WAVERLY RD. | CITY-ST-ZIP | | | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32312 | | | | | | | |
| # TRAMUDGG | | | STREET ADDRESS | | | | | |
| NAME | | | ļ — | | | | | |
| STREET ADDRESS City-St-Zip | | | CITY-ST-ZIP | | | | | |
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| §AME STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | | | | | | |
| NAME | | | STREET ADDRESS | | | | | |
| STREET ADDRESS | | | 0.774 07 710 | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | | | | | | |
| NAME | | | STREET ADDRESS | | | | ļ | |
| STREET ADDRESS | | | CITY-ST-ZIP | | | | | |
| CITY - ST- ZIP | | <u> </u> | | | | | | |
| 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. | | | | | | | | |
| 1.110 11.11 | | | | | | | | |
| SIGNATURE: - Ludith O. Wilde Judith O. Wilde 4/4/07 385-1422 | | | | | | | | |
| SIGNAI | SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Days Daysing Prone # | | | | | | | |
| | | | | | | | | |