

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A96000001240 1. Entity Name APALACHEE ENTERPRISES, LTD.					
Principal Place of Business 1222 WAVERLY RD TALLAHASSEE, FL 32312		Mailing Address 212 HOFFMAN DR. CHANGE TALLAHASSEE, FL 32312			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1222 Waverly Rd Suite, Apt. #, etc.			
City & State Zip Country		City & State Tallahassee, FL Zip Country 32312 Leon		4. FEI Number 59-3392233 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03282007 Chg-LP CR2E003 (12/06)	
6. Name and Address of Current Registered Agent OWEN WILDE, JUDITH 212 HOFFMAN DR. CHANGE TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1222 Waverly Rd. City Tallahassee FL Zip Code 32312		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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		
	OWEN, WILLIAM C	2803 RABBIT HILL ROAD	TALLAHASSEE, FL 32312		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP		
	WILDE, JUDITH O	1222 WAVERLY RD.	TALLAHASSEE, FL 32312		
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 04/11/07--01038--006 **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: Judith O. Wilde Judith O. Wilde 4/4/07 385-1422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

2007 APR -5 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF FLORIDA