


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007.**

<b>DOCUMENT #</b> A96000001430	
<b>1. Entity Name</b> DELL PARTNERSHIP, LTD.	

<b>Principal Place of Business</b> 1535 S.W. 151ST AVENUE PEMBROKE PINES FL 33027	<b>Mailing Address</b> 1535 S.W. 151ST AVENUE PEMBROKE PINES FL 33027
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**FILED**  
07 FEB 23 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

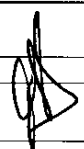
<b>6. Name and Address of Current Registered Agent</b>  SPELL, KAREN R ESQUIRE 14309 PARADISE TREE DRIVE ORLANDO, FLORIDA 32828	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**8. 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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. **DATE** \_\_\_\_\_

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>1535 S.W. 151ST AVENUE</b>	<b>CITY ST ZIP</b>	
<b>CITY - ST - ZIP</b>	<b>PEMBROKE PINES FL 33027</b>		
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<b>CITY - ST - ZIP</b>			

~~500089612735~~  
02/27/07--01056--025 \*\*\$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:** ELAINE F. NEEDELL *Elaine F. Needell* 7 Feb. 2007 954-436-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # 6367

STAPLE CHECK