

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A96000001618	
1. Entity Name TENDRICH GROUP, LTD.	



FILED

07 FEB 28 AM 9:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 1402 DEVONSHIRE WAY PALM BEACH GARDENS, FL 33418	Mailing Address 1402 DEVONSHIRE WAY PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business - No P.O. Box # 1601 Belvedere Road Suite, Apt. #, etc. Suite 407 South City & State West Palm Beach, FL Zip 33406 Country USA		3. Mailing Address 1601 Belvedere Road Suite, Apt. #, etc. Suite 407 South City & State West Palm Beach, FL Zip 33406 Country USA	
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02222007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0694530		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TENDRICH, STEVEN 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33400	
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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 # P96000072476	NAME SAMEDY, INC.	STREET ADDRESS 1601 Belvedere Road, Suite 407 South	
STREET ADDRESS 1402 DEVONSHIRE WAY		CITY-ST-ZIP West Palm Beach, FL 33406	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418			
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03/02/07--01049--030 **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: _____ **DATE:** **Feb 2-22-07** **Daytime Phone #:** **561 689 6602**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE!