

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -8 AM 10:30

DOCUMENT # A96000001631

1. Entity Name
 TREE LANE, LTD.



Principal Place of Business
 37839 COUNTY ROAD 54
 ZEPHYRHILLS, FL 33541

Mailing Address
 TEMPLE TERRACE VILLAGE
 10912 NORTH 56TH STREET
 TEMPLE TERRACE, FL 33617



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
 59-3397340

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOSS, JAMES C
 10912 N 56TH STREET
 TEMPEL TERRACE, FL 33617

7. Name and Address of New Registered Agent

Name TRENT C. GOSS
 Street Address (P.O. Box Number is Not Acceptable)
 10912 N 56th Street
 Temple Terrace, FL 33617-3004
 City Code

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 \$500.00
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

DOCUMENT # P96000057619
 NAME CENTRAL EQUITIES, INC.
 STREET ADDRESS 10912 N 56TH STREET
 CITY-ST-ZIP TEMPLE TERRACE, FL 336173004

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

JAN 18 2007

STAPLE CHECK HERE