2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A96000001801

1. Entity Name

TERRACE PROPERTIES PARTNERS, LTD.



Principal Place of Business 225 E. LEMON ST., SUITE 300 LAKELAND, FL 33801 Mailing Address P.O. BOX 24628 LAKELAND, FL 33802 FILED

2007 MAR 27 AM 10: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

03122007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3402193

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERRACE HOTEL CORP. 225 E. LEMON ST., SUITE 300 LAKELAND, FL 33801

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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 \$500.00 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.

GENERAL PARTNER INFORMATION 12. P96000021631 DOCUMENT # TERRACE HOTEL CORP. NAME STREET ADDRESS 225 E. LEMON ST., SUITE 300 CITY-ST-ZIP LAKELAND, FL 33801 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP OCCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

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14. I hereby certify that the information supplied with this filling 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

Terrace Hatel Corp, as general Partner.

SIGNATURE:

CHECK HERE

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS

Philip O. Allen as secretary and director signature and type to or printed NAME OF SIGNING GENERAL PARTNER

aree

3-13-07

(863)683 6511

Date

Daytime Phone i