

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Apr 30, 2007 08:00 AM
Secretary of State**

DOCUMENT # A96000002459	
1. Entity Name THE MARIEL GRACE LIMITED PARTNERSHIP	

Principal Place of Business 9119E BOCA GARDENS CIRCLE SOUTH BOCA RATON, FL 33496	Mailing Address 9119E BOCA GARDENS CIRCLE SOUTH BOCA RATON, FL 33496
--	--

DO NOT WRITE IN THIS SPACE



04272007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0716622	Applied For <input type="checkbox"/>
5. Certificate of Status Desired NE	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FREEMAN, SANDRA L
9119E BOCA GARDENS CIRCLE SOUTH
BOCA RATON, FL 33496**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

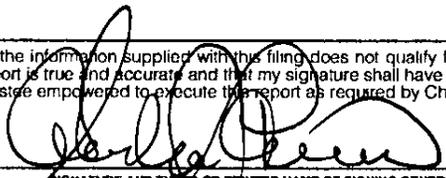
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FREEMAN, SANDRA L 9119E BOCA GARDENS CIRCLE SOUTH BOCA RATON, FL 33496
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U00000748804
05/17/07-80073-025 508.75

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

STAPLE CHECK HERE

SIGNATURE:  **4/26/07** **5614826426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**