


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 13 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000067	
1. Entity Name STEVIE B'S ENTERPRISES, LTD.	

Principal Place of Business 288 INDIAN TRACE ROAD FORT LAUDERDALE, FL 33326	Mailing Address 288 INDIAN TRACE ROAD FORT LAUDERDALE, FL 33326
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02072007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0852270		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 TRAGER, ROSS CPA 1000 N. HIATUS ROAD SUITE 110 PEMBROKE PINES, FL 33026	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 #	P96000077864	STREET ADDRESS	
NAME	STEVIE B'S ENTERPRISES OF FLORIDA, INC.	CITY-ST-ZIP	
STREET ADDRESS	450 INDIAN TRACE ROAD, UNIT C		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326		
DOCUMENT #		STREET ADDRESS	200097231132
NAME		CITY-ST-ZIP	04/17/07--01046--018 **500.00
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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 form 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: Steve B...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/23/07 454 3496636
Date Daytime Phone #

STAPLE CHECK HERE