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

STAPLE CHECK HERE

| DOCUMENT # A9700000134  1. Entity Name   |  |                     |   |                                  |  | F   | ILED                                   |  |  |
|--|--|---------------------|---|----------------------------------|--|---|--|--|--|
| MONCRIEF EQUITIES, LTD.  |  |                     |   |                                  |  | O7 MAY  | 24 AM 9:                               | <b>42</b>  |  |
| Principal Place of Business Mailing Address  |  |                     |   |                                  | ( a m  | SECDET:   | ARY OF STA                             | VTE  |  |
| 1 SLEIMAN PARKWAY, SUITE 200 270  JACKSONVILLE, FL 32216  1 SLEIMAN PARKWAY, SU JACKSONVILLE, FL 32216   |  |                     |   | SUITE <del>20</del><br>216       | 30 A10   | TALLAHA   | SSEE, FLOI                             | RIDA   |  |
|  |  |                     |   |                                  | 1000   |   |  |  |  |
| Principal Place of Business - No P.O. Box #     3. Mailing Address   |  |                     |   |                                  |  |   |  | <u>                                       </u>                               |  |
| Suite, Apt. #, etc.  |  |                     | Suite, Apt. #, etc.   |                                  | 03142007   | Chg-LP  | CR2E003 (12/06)                        |  |  |
| City & State   |  |                     | City & State  |                                  | 4. FEI Number 59-3423  | 547   | 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  |  |                     |   |                                  | 7. Name and Address of New Registered Agent Name   |   |  |  |  |
| <del>SLEIMAN, ELI T-J</del> R.   |  |                     |   |                                  | Robert K. White  |   |  |  |  |
| 1 Steiman Parkway -Suite-270   |  |                     |   |                                  | Street Address (P.O. Box Number is Not Acceptable)  1 Sleiman Parkway                        |   |  |  |  |
| <del>JACKSONVILLE, FL 32216</del>  |  |                     |   |                                  | 0.70   |   |  |  |  |
|  |  |                     |   |                                  | City   |   |  |  |  |
| The state of the s |  |                     |   |                                  |  |   |  |  |  |
| the obligations of registered agent.  SIGNATURE Robert K. White 3/20/07  |  |                     |   |                                  |  |   |  |  |  |
| SIGNATURE Robert K. White 3/20/07 Signature, typed or printed name of registered agent and title of applicable.  Robert K. White 3/20/07  DATE   |  |                     |   |                                  |  |   |  |  |  |
| FILE NOW!!! FEE IS \$500.00<br>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 CH                             |  |  |
| DOCUMENT #<br>NAME   | P9700004028<br>MONCRIEF EQUITIES, INC. |                     |   | STREET ADDRESS                   |  | e <sup>rm</sup> e w   |  |  |  |
| STREET ADDRESS   | S 1 SLEIMAN PARKWAY, SUITE             |                     | ee 270  |                                  | -ST-ZIP  | <u> </u>  |  |  |  |
| CITY-ST-ZIP  DOCUMENT #  | JACKSONVILL                            | E, FL 32216         |   |                                  |  |   |  |  |  |
| NAME   |  |                     |   | STRE                             | ET ADDRESS   |   |  | ·  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | S                                      |                     |   | CITY-ST-ZIP                      |  |   |  |  |  |
| DOCUMENT #   |  |                     |   | STRE                             | ET ADDRESS   |   |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                     |   | CITY                             | -ST-ZIP  |   |  |  |  |
| DOCUMENT #<br>NAME   |  |                     |   | etpe                             |  |   |  |  |  |
| ATRECT - 0000000   |  |                     |   | SINE                             | ET ADDRESS   |   |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                     |   |                                  | -ST-ZIP  |   |  |  |  |
| CITY-ST-ZIP  DOCUMENT #  NAME  |  |                     |   | CITY                             |  |   |  |  |  |
| CITY-ST-ZIP  DOCUMENT #  |  |                     |   | CITY                             | -ST-ZIP  |   |  |  |  |
| CITY-ST-ZIP  DOCUMENT #  NAME  STREET_ADDRESS CITY-ST-ZIP  DOCUMENT #  NAME  |  |                     |   | CITY<br>STRE<br>CITY             | -ST-ZIP  |   |  |  |  |
| CITY-ST-ZIP  DOCUMENT #  NAME  STREET_ADDRESS CITY-ST-ZIP  DOCUMENT #  NAME  STREET_ADDRESS CITY-ST-ZIP  |  |                     |   | CITY STRE CITY STRE              | -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  |   |  | 84   |  |
| CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS CITY-ST-ZIP  DOCUMENT # NAME  STREET ADDRESS CITY-ST-ZIP  14. hereby indicated  | s on this report is tru                | ie and accurate and | n this filing does not qualify f<br>that my signature shall have<br>this report as required by Ch | STRE CITY STRE CITY Or the exame | -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  Et address containes a legal effect as if m | d in Chapter 119,<br>lade under oath;                             | Florida Statutes.<br>that I am a Gener | I further certify that the information al Partner of the limited partnership |  |