

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000000359

1. Entity Name
ALEXANDER SECURITIES, LTD.



Principal Place of Business
**10910 JUNIPERUS PLACE
TAMPA, FL 33618**

Mailing Address
**10910 JUNIPERUS PLACE
TAMPA, FL 33618**

FILED

2007 APR 30 AM 11:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

04232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3432120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALEXANDER, WILLIAM O
10910 JUNIPERUS PLACE
TAMPA, FL 33618**

**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

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ALEXANDER, WILLIAM O
10910 JUNIPERUS PLACE
TAMPA, FL 33618**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ALEXANDER, YVONNE
10910 JUNIPERUS PLACE
TAMPA, FL 33618**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**400102537774
05/15/07--01048--019 **500.00**

**DO NOT WRITE
IN THIS SPACE**

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 #

STAPLE CHECK HERE

William O. Alexander 4/23/07 813-833-8877