

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR -7 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000696



1. Entity Name
SUPER COOL LEASING, LTD.

Principal Place of Business
5645 COLONIAL OAKS BLVD.
SARASOTA, FL 34232

Mailing Address
4411 BEE RIDGE RD. #307
SARASOTA, FL 34233



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

02282007

Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0733240

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEANS, TRUMAN E
5645 COLONIAL OAKS BLVD.
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

check #1056

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 #
NAME THOMAS, GAYE
STREET ADDRESS 616 MELANIE PARK CT.
CITY-ST-ZIP ASHLAND CITY, TN 37015

STREET ADDRESS 213 STILLCREEK DRIVE
CITY-ST-ZIP FRANKLIN, TN 37064

DOCUMENT #
NAME JEANS, TRUMAN E
STREET ADDRESS 5645 COLONIAL OAKS BLVD.
CITY-ST-ZIP SARASOTA, FL 34232

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME JEANS, AMY L
STREET ADDRESS 5645 COLONIAL OAKS BLVD.
CITY-ST-ZIP SARASOTA, FL 34232

STREET ADDRESS
CITY-ST-ZIP

600092352886
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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 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

3-02-07

Date

615-595-2480

Daytime Phone #

STAPLE CHECK HERE