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

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## FILED DOCUMENT # A9700000820 2007 APR -5 AM 9: 45 WHETSTONE APARTMENTS, LTD. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 8400 - 49TH STREET NORTH 8400 - 49TH STREET NORTH PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 2. Principal Place of Business - No P.O. Box # STREET 3. Mailing Address 8400 497H STREET Suite, Apt. #, etc Suite, Apt. #, etc. 01162007 Chg-LP CR2E003 (12/06) City & State Applied For City & State 4 FEI Number PIN<u>ELLAS</u> ARK FL 59-2288966 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUPPEL, DENNIS G Street Address (P.O. Box Number is Not Acceptable) 5201 - 102ND AVENUE, NORTH PINELLAS PARK, FL 33782 City 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 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. P97000030338 DOCUMENT ≠ STREET ADDRESS 8400 PINELLAS WHETSTONE, INC. NAME STREET ADDRESS 8400 - 49TH STREET NORTH CITY ST 7IP CITY-ST ZIP PINELLAS PARK, FL 33781 500096505529 DOCUMENT # STREET ADDRESS 04/11/07--01039--009 NAME STREET ADDRESS CITY - ST- ZIP CITY ST ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST 718 CITY ST ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - S1 - ZIP CITY-\$1-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-ZIP CITY ST ZIP 14. I hereby certify that the information supplied with this litting 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER