2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A97000001140

1. Entity Name 2640 MARION MORTGAGE HOLDINGS LTD.



Principal Place of Business

% WILLIAM SHERRY 700 S. OCEAN BLVD., SUITE 401 BOCA RATON, FL 33432 Mailing Address

% WILLIAM SHERRY 700 S. OCEAN BLVD., SUITE 401 BOCA RATON, FL 33432 FILED

07 FEB 21 AM 9: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01222007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0763823

Applied For Not Applicable

5. Certificate of Status Desired

5/

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324		IN THIS SPACE
	e named entity submits this statement for the purpose of changing its rations of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
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 AN 2
<u>-</u>	NOTE: General Partners MAY NOT be changed on th	TTY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. e form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	4
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M9700000285 2640 MARION MORTGAGE LLC 1700 W 93RD TERR PLANTAITON, FL 33322	500089033415 02/22/0701042010 **508.75
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT #		

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #

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:

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

Mulson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael Sherry 1/29/07 914 793-1793