

2007 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2007****FILED**
Feb 26, 2007 08:00 A
Secretary of State**DOCUMENT # A97000001525**

1. Entity Name

FEDPOM SC COMPANY, LTD.



Principal Place of Business

925 SOUTH FEDERALHWY
SUITE 425
BOCA RATON, FL 33432

Mailing Address

P.O. BOX 11229
KNOXVILLE, TN 37939**DO NOT WRITE IN THIS SPACE**

02062007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

58-2337877

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L
BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802 - 11TH ST. WEST
BRADENTON, FL 34205**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 # G83741
NAME BRADEMAN INVESTMENT CORPORATION
STREET ADDRESS % RMC REALTY CO., LTD./5410 HOMBERG DR:
CITY-ST-ZIP KNOXVILLE, TN 37919DOCUMENT # G83740
NAME MANBRADE INVESTMENT CORPORATION
STREET ADDRESS % RMC REALTY CO., LTD./5410 HOMBERG DR.
CITY-ST-ZIP KNOXVILLE, TN 37919DOCUMENT # P96000028490
NAME COAST REALTY, INC.
STREET ADDRESS 925 SOUTH FEDERALHWY SUITE 425
CITY-ST-ZIP BOCA RATON, FL 33432DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
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CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP000000847919
03/06/07-80091-019 500.00**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:

Steven Levin, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(561) 948-7100

STAPLE CHECK HERE