


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

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A97000001603</b>	
1. Entity Name FLORIDABEARSS ASSOCIATES LIMITED PARTNERSHIP	

Principal Place of Business 27001 U.S. HIGHWAY 19 NORTH SUITE 2095 CLEARWATER, FL 33761	Mailing Address 27001 U.S. HIGHWAY 19 NORTH SUITE 2095 CLEARWATER, FL 33761
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



02192007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 59-3459503	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SCHER, H S 503 ERIE AVE. TAMPA, FL 33606
-------------------------------------------------------------------------------------------------------

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000063610
NAME	FLORIDABEARSS, INC.
STREET ADDRESS	27001 U.S. HIGHWAY 19 NORTH SUITE 2095
CITY-ST-ZIP	CLEARWATER, FL 33761
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000706417  
 04/24/07-80032-010 508.75

STAPLE CHECK HERE

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: <i>Toren M. Pollack</i> Toren M. Pollack
Date: 3/19/07
Daytime Phone #: 727 796-1077