

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000001821	
1. Entity Name RUNNYMEDE, LTD.	

Principal Place of Business 2401 NEWPORT AVENUE LAKELAND FL 33803	Mailing Address 2401 NEWPORT AVENUE LAKELAND FL 33803
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 59-3486176		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILLIAMS, ROBERT E 2401 NEWPORT AVENUE LAKELAND FL 33803		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. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	STREET ADDRESS	
NAME	WILLIAMS, ROBERT E	CITY - ST - ZIP	UD00000621971
STREET ADDRESS	2401 NEWPORT AVENUE		02/13/07-80006-024 500.00
CITY - ST - ZIP	LAKELAND FL 33803		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	WILLIAMS, MARY ANN	CITY - ST - ZIP	
STREET ADDRESS	2401 NEWPORT AVENUE		
CITY - ST - ZIP	LAKELAND FL 33803		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	WILLIAMS, SCOTT ROBERT	CITY - ST - ZIP	
STREET ADDRESS	19 CANDLESTICK RD.		
CITY - ST - ZIP	N. ANDOVER MA 01845		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	WILLIAMS COOK, JAN	CITY - ST - ZIP	
STREET ADDRESS	4819 DETER RD.		
CITY - ST - ZIP	LAKELAND FL 33813		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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:

ROBERT E. WILLIAMS - GENERAL PARTNER

1/29/07 (863) 684-7214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #