2007 LIMITED PARTNERSHIP AMNUAL REPORT Due By May 1, 2007

DOCUMENT # A9700002080

1. Entity Name RUSSAKIS RANCH, LTD.



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

8801 INDRIO ROAD FT. PIERCE, FL 34951 Mailing Address 8801 INDRIO ROAD FT. PIERCE, FL 34951



DO NOT WRITE IN THIS SPACE

01152007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0793266

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

RUSSAKIS, JIM G C/O RUSSAKIS, INC. 8801 INDRIO ROAD FT. PIERCE, FL 34951

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent.	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

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 12. P97000079600 DOCUMENT # NAME RUSSAKIS, INC. STREET ADDRESS 8801 INDRIO ROAD CITY-ST-ZIP FT. PIERCE, FL 34951 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

U00000633174 n2/21/07-80050-024 500.00

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

CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jim G. Russakis

02/02/07

772-465-5355

Daytime Phone #