

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 13 AM 10:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A97000002105

1. Entity Name
LONGBOAT KEY EQUITIES, LTD.



Principal Place of Business
**1800 BEN FRANKLIN DRIVE
SUITE B806
SARASOTA, FL 34236**

Mailing Address
**1800 BEN FRANKLIN DRIVE
SUITE B806
SARASOTA, FL 34236**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142007

Chg-LP

CR2E003 (12/06)

4. FEI Number

65-0795262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, MIRIAM S
1800 BEN FRANKLIN DR., STE. B-806
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **ACCOUNTING MANAGEMENT SERVICES**

Street Address (P.O. Box Number is Not Acceptable)

306 E. GULLAND PARKWAY

City **TEMPLE TERRACE**

FL

Zip Code

33617

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

3/6/7

**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 # **P97000082058**
NAME **LONGBOAT KEY EQUITIES, INC.**
STREET ADDRESS **1800 BEN FRANKLIN DRIVE, SUITE B806**
CITY-ST-ZIP **SARASOTA, FL 34236**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Miriam S. Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/7/7

STAPLE CHECK HERE