

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000002552 1. Entity Name ITEC DEVELOPMENT LIMITED PARTNERSHIP			
Principal Place of Business 8544 COMMODITY CIRCLE ORLANDO, FL 32819		Mailing Address 8544 COMMODITY CIRCLE ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box # 8550 Commodity Cr		3. Mailing Address 8550 Commodity Cr	
Suite, Apt. #, etc. ORLANDO, FL		Suite, Apt. #, etc. ORLANDO, FL	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32819		Zip 32819	
Country US		Country US	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -2 AM 10:50



01162007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3479411	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALLEN DYER DOPPELT MILBRATH & GILCHRIST PA 225 SOUTH ORANGE AVE., STE. 1401 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000092690	STREET ADDRESS	8550 Commodity Cr
NAME	ITEC HOLDINGS, INC.	CITY-ST-ZIP	ORLANDO, FL 32819
STREET ADDRESS	8544 COMMODITY CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: WILLIAM COAN WID P.C. 1.29.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #