## **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

## Due By May 1, 2007 **FILED** Mar 29, 2007 08:00 A Secretary of State DOCUMENT # A9700002951 FORTRESS PARTNERS I, LTD. Principal Place of Business Mailing Address 3233 SE MARICAMP RD P.O. BOX 1476 STE 601 OCALA, FL 34478 OCALA, FL 34471 01042007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3485275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEEWARD, DIRK J DO NOT WRITE 3233 SE MARICAMP RD STE 601 IN THIS SPACE OCALA, FL 34471 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. 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. P97000109109 DOCUMENT # LIBERATOR CORP. NAME STREET ADDRESS P.O. BOX 1476 CITY-ST-7IP OCALA, FL 344781476 DOCUMENT # U00000682979 NAME 04/05/07-80024-013 500.00 STREET ADDRESS CITY-ST-7IP DOCUMENT # NAM DO NOT WRITE STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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

CITY-ST-ZP DOCUMENT #

STREET ADDRESS CITY-ST-7IP

assissa parone