


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR -1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000446					
1. Entity Name DALTON PLACE EQUITY ENTERPRISES, LTD.					
Principal Place of Business 12411 GROVEVIEW WAY SANFORD, FL 32772			Mailing Address 4221 NORTH BUFFALO ST. ORCHARD PARK, NY 14127		
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	4. FEI Number 58-2371917	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GACIOH, WILLIAM T 15101 QUAILS BLUFF CIRCLE LAKE WALES, FL 33853				7. Name and Address of New Registered Agent Name GACIOCH, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 15101 QUAILS BLUFF CIRCLE City LAKE WALES FL Zip Code 33853	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P98000015922		STREET ADDRESS		
NAME	DALTON PLACE ENTERPRISES, INC.		CITY-ST-ZIP		
STREET ADDRESS	4221 NORTH BUFFALO STREET				
CITY-ST-ZIP	ORCHARD PARK, NY 14127				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	300091010483 03/06/07--01022--016 **\$50.00	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date _____ Daytime Phone # _____					

STAPLE CHECK HERE