

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000472

**FILED**  
**Jan 12, 2007**  
**Secretary of State**

**Entity Name:** EMPLOYEES' RETIREMENT PARTNERSHIP, LTD.

**Current Principal Place of Business:**

830 SOUTH COUNTY ROAD 427, SUITE 162  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

830 SOUTH COUNTY ROAD 427, SUITE 162  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 59-3495371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOODS, DANIEL J  
830 SOUTH COUNTY ROAD 427, SUITE 162  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P98000016795  
Name: TWG-II, INC.  
Address: 830 SOUTH COUNTY ROAD 427, SUITE 162  
City-St-Zip: LONGWOOD, FL 32750

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL J WOODS

D

01/12/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date