


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A98000000610 1. Entity Name PARK CREST, LTD.	
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Principal Place of Business 5505 NORTH ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931	Mailing Address 5505 NORTH ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. # 108 City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. # 108 City & State Zip Country
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FILED
 07 MAY 18 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04132007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3495702	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 NORTH ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931	7. Name and Address of New Registered Agent Name KINCAID, JAMES Street Address (P.O. Box Number is Not Acceptable) 5505 N ATLANTIC AVE, # 108 City COCOA BEACH FL Zip Code 32931
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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 *James Kincaid* DATE *4/20/2007*

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	
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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 # NAME STREET ADDRESS CITY-ST-ZIP P98000020358 PARK CREST, INC. 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931	STREET ADDRESS CITY-ST-ZIP 5505 N ATLANTIC AVE, # 108
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP N16583 MEMPHIS AREA COMMUNITY DEVELOPMENT CORPORA 1060 OREGON COURT SARASOTA, FL 34236	STREET ADDRESS CITY-ST-ZIP 600103699776 06/01/07--01010--010 **580.75 900103701889 06/01/07--01014--010 **508.75
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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: *James Kincaid, James Kincaid* *4/20/2007* *321-799-4090*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE