2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000000860

1. Entity Name

HELD LIMITED PARTNERSHIP



FILED Jan 23, 2007 08:00 AM Secretary of State

Principal Place of Business

3001 DC COUNTRY CLUB BLVD #754

3001 DC COUNTRY CLUB BLVD #754 DEERFIELD BEACH, FL 33442 Mailing Address

3100 N. OCEAN BLVD., SUITE 1007 FORT LAUDERDALE, FL 33308



01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0854190 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HELD, RUTH 3001 DC COUNTRY CLUB BLVD #754 DEEFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

| 6. 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 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 \$900.0 | DATE |
| 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 | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | HELD, RUTH TRUSTEE 3001 DC COUNTRY CLUB BLVD #754 DEERFIELD BEACH, FL 33442 | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | (100000599935 01/25/07-80048-006 508.75 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT # | | |

14. I hereby certify that the information supplied with this filling 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 employeed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-SI-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

19/07

Daytime Phone #