


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A98000001036		
1. Entity Name N.W. THIRD STREET PARTNERSHIP, LTD.		

Principal Place of Business 1700 SE 17TH STREET, #300 OCALA, FL 33471	Mailing Address 1700 SE 17TH STREET, #300 OCALA, FL 33471
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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

FILED
 2007 APR 23 AM 10:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



03292007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3512654	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	
BOYD, ROY THAD III 1700 SE 17TH STREET, #300 OCALA, FL 33471	

7. Name and Address of New Registered Agent	
Name: <u>Boyd Roy Thad III</u>	
Street Address (P.O. Box Number is Not Acceptable): <u>1720 SE 16th Ave.</u>	
Bldg. <u>200</u>	
City: <u>Ocala</u>	FL Zip Code: <u>34471</u>

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: <u>[Signature]</u>	DATE: <u>4-17-07</u>

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 #	P98000034788	STREET ADDRESS	1720 SE 16th Ave. Bldg. 200
NAME	N.W. THIRD STREET PARTNERSHIP, INC.	CITY-ST-ZIP	Ocala, FL. 34471
STREET ADDRESS	1700 SE 17TH STREET, #300		
CITY-ST-ZIP	OCALA, FL 33471		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

600101441646
 05/03/07--01055--014 **\$500.00

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