


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 5, 2007**

FILED
Aug 31, 2007 08:00 A
Secretary of State

DOCUMENT # A98000001141	
1. Entity Name HERMANSEN VENTURE PARTNERSHIP, LTD.	

Principal Place of Business C/O BJORNAR K. HERMANSEN 205 HACIENDA DRIVE MERRITT ISLAND FL 32952	Mailing Address C/O BJORNAR K. HERMANSEN 205 HACIENDA DRIVE MERRITT ISLAND FL 32952
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E003 (4/07)

City & State	City & State	4. FEI Number 59-3505207	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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 NASH, CHARLES IAN 930 SOUTH HARBOR CITY BLVD., SUITE 505 MELBOURNE FL 32901	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

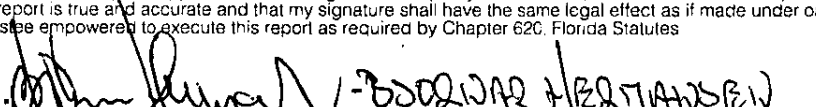
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00. <input type="checkbox"/>
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____	

File Now!!! Fee is \$900.00 • Due By September 5, 2007

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 # P98000034375	NAME HERMANSEN FAMILY ENTERPRISES, INC.	STREET ADDRESS	
STREET ADDRESS 205 HACIENDA DRIVE		CITY - ST - ZIP	
CITY - ST - ZIP MERRITT ISLAND FL 32952			
DOCUMENT #	NAME	STREET ADDRESS	
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08/31/07-80003-001 900.00

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:  BJORNAR K. HERMANSEN	8/25-07 321-4592110 Date Daytime Phone #

STAPLE CHECK HERE