


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001247		
1. Entity Name FAS ONE LIMITED PARTNERSHIP		

Principal Place of Business 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102	Mailing Address 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102
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2. Principal Place of Business - No P.O. Box # 3530 KRAFT ROAD Suite, Apt. #, etc. SUITE 300 City & State NAPLES, FL Zip 34105 Country USA	3. Mailing Address 367 WEST MAIN ST Suite, Apt. #, etc. SUITE 2 City & State NORTHBOROUGH, MA Zip 01532 Country USA
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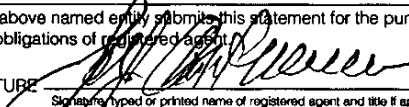
04172007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0921174	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANTARAMIAN, JACK J 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102	7. Name and Address of New Registered Agent Name ANTARAMIAN, JACK J Street Address (P.O. Box Number is Not Acceptable) 4500 GORDON DRIVE City NAPLES FL Zip Code 34102
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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  JACK ANTARAMIAN DATE 4/17/07

Signature typed or printed name of registered agent and title if applicable.

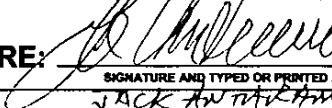
FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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	P98000044748 FAS ONE, INC. 365 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102	STREET ADDRESS CITY-ST-ZIP	367 WEST MAIN STREET NORTHBOROUGH, MA 01532
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500101855225 05/09/07--01044--011 **\$500.00
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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:

 PRESIDENT OF FAS ONE, INC.
JACK ANTARAMIAN

4/17/07 508-393-2911
Date Daytime Phone #

STAPLE CHECK HERE