


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # A98000001894 1. Entity Name GRANT INVESTMENTS LIMITED PARTNERSHIP	
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Principal Place of Business 10180 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952	Mailing Address 10180 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952
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02072007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1844382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRANT, MERRILL A
10180 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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	000000668243 03/27/07-80021-010 500.00
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	THE MERRILL GRANT FAMILY TRUST 10180 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	THE DESPINA GRANT FAMILY TRUST 10180 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952
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**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: 	3-12-07	321-777-6806
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>