

FILED
Apr 27, 2007 08:00 A
Secretary of State



4. FEI Number	Applied For
59-3632550	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**


SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**DO NOT WRITE
IN THIS SPACE**

~~UN00000637796~~
~~04/10/07-80054=0.7 500.00~~

UD00000739187
05/14/07-80015-011 500.00

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 820, Florida Statutes

SIGNATURE:  Kim M. SCHWENCKE 3/29/07 813-269-0899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 3/29/07 Telephone Number 813-269-0899