2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Apr 11, 2007 08:00 A Secretary of State

DOCL	JMENT	# A980	ากกก	12239
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1. Entity Name

GEORGE L. PARKER LIMITED PARTNERSHIP



Principal Place of Business

5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608

Mailing Address

5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608



03212007 No Cha-LP

CR2E003 (12/06)

4. FEI Number 59-3561130

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, MICHAEL 5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608

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6. 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.	
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FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 - U00000700392 34/20/07-80041-001 500.00

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.

L	NOTE: General Partners MAY NOT be changed on th					
	12.	GENERAL PARTNER INFORMATION				
1	DOCUMENT #					
Ì	NAME	PARKER, JOHN J TRUSTEE				
	STREET ADDRESS	5346 S.W. 91ST TERRACE				
1	CITY+ST-ZIP	GAINESVILLE, FL 32608				
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	NAME					
	STREET ADDRESS					
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	CITY-ST-ZIP					
	14. I hereby indicated	certify that the information supplied with this filing does not qualify for on this report is true and accurate and that my signature shall have the				

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14. I hereby certify that the information supplied with this filling 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, Floriga Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-26-07 785-2

Daytime Phone #