

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 12 AM 9:28

**DOCUMENT # A98000002923**

1. Entity Name  
**VALENCIA COLLEGE SHOPPING CENTER, LTD.**



Principal Place of Business  
**1335 E. WEKIVA TRAIL  
LONGWOOD, FL 32779**

Mailing Address  
**1335 E. WEKIVA TRAIL  
LONGWOOD, FL 32779**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302007 Chg-LP CR2E003 (12/06)

4. FEI Number

**59-3548596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SO, HELEN H  
1335 E. WEKIVA TRAIL  
LONGWOOD, FL 32779**

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.

SIGNATURE

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

DATE

**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 # **P97000067299**  
NAME **MARQUE DEVELOPMENT GROUP CORPORATION**  
STREET ADDRESS **851 SALED0 DRIVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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**400088446784**  
**02/15/07--01038--008 \*\*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 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**2/5/07 407-213-8222**

STAPLE HERE