2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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

Due by May 1, 2007				Secretary of State		
DOCUMENT # A9900000247 1. Entity Name				Sec	retary of State	
RODGER	B. KING & LESTER DEWA	LL, LTD.				
Principal Place of Business 823 BAYSHORE BLVD. TAMPA, FL 33606 P.O. BOX 1008 TAMPA, FL 33601					O DATAL FORME AND A DATA SANDAR AND SANDAR	
DO NOT WRITE IN THIS SPACE				4. FEI Number	CR2E003 (12/06)	
				59-1977422 5. Certificate of Status Desired [Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current i	Registered Agent				
KING, RODGER B 823 BAYSHORE BLVD. TAMPA, FL 33606				DO NOT WR		
(711411 71, 11	. 00000			IN THIS SPA	CE	
the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its regist	ered office or register	ed agent, or both, in the State of Florida	. I am familiar with, and accept	
Signature. Typed or printed items of registered agent and title if applicable			DATE			
•		7!!! FEE IS \$500.00 007, Fee will be \$900.00			•	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENTITY Y NOT be changed on the fo	MUST BE REGIST rm; an amendmer	TERED AND ACTIVE WITH THIS (at must be filed to change a gene	OFFICE. ral partner.	
12.	GENERAL PARTNEF		<u></u>			
DOCUMENT / NAME	KING, RODGER B					
CITY-ST-ZIP	823 BAYSHORE BLVD. TAMPA, FL 33606			U00000660436 03/19/07-80026-011 500.00		
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP				937 137 01	50525 511 555.55	
DOCUMENT # NAME STREET ADDRESS CITY+S1-ZIP			DO NOT WRITE IN THIS SPACE			
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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: _

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT *
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/5/07 8/3-254.54 Date Dayume Phone •