



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 12 AM 9:18

<b>DOCUMENT # A99000001203</b> 1. Entity Name 37TH STREET NORTH LIMITED PARTNERSHIP, L.L.P.	
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Principal Place of Business 1001 37TH STREET NORTH ST. PETERSBURG, FL 33713	Mailing Address 1001 37TH STREET NORTH ST. PETERSBURG, FL 33713
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01052007 Chg-LP CR2E003 (12/06)
City & State	City & State	4. FEI Number 59-3588262
Zip	Country	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GASSMAN, ALAN S  
 1245 COURT STREET, SUITE 102  
 CLEARWATER, FL 33756

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ 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**

**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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	EATON, KOCO M.D.		
	STREET ADDRESS		
	1001 37TH STREET NORTH		
	CITY-ST-ZIP		
	ST. PETERSBURG, FL 33713		
	TOLLI, THOMAS M.D.		
	STREET ADDRESS		
	1001 37TH STREET NORTH		
	CITY-ST-ZIP		
	ST. PETERSBURG, FL 33713		
	MIXA, THOMAS M M.D.		
	STREET ADDRESS		
	1001 37TH STREET NORTH		
	CITY-ST-ZIP		
	ST. PETERSBURG, FL 33713		

*Please Remove Not our any longer*

600085012345  
 01/18/07--01037--001 \*\*500.00

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: Thomas C. Tolly, MD \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_