


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 12 AM 9:18

**DOCUMENT # A99000001203**

1. Entity Name  
 37TH STREET NORTH LIMITED PARTNERSHIP, L.L.P.



Principal Place of Business  
 1001 37TH STREET NORTH  
 ST. PETERSBURG, FL 33713

Mailing Address  
 1001 37TH STREET NORTH  
 ST. PETERSBURG, FL 33713

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.



City & State

01052007 Chg-LP CR2E003 (12/06)

Zip Country Zip Country

4. FEI Number  
 59-3588262

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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.  
 1001 37TH STREET NORTH  
 ST. PETERSBURG, FL 33713

STREET ADDRESS  
 CITY-ST-ZIP

*Please Remove Not our any longer*

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TOLLI, THOMAS M.D.  
 1001 37TH STREET NORTH  
 ST. PETERSBURG, FL 33713

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

MIXA, THOMAS M M.D.  
 1001 37TH STREET NORTH  
 ST. PETERSBURG, FL 33713

STREET ADDRESS  
 CITY-ST-ZIP

601085012345  
 01/18/07--01037--001 \*\*500.00

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 CITY-ST-ZIP

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 DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE