

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

**FILED**

2007 APR -5 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001372	
1. Entity Name HENNING/TRION WORLD SAVINGS VENTURE, LTD.	



Principal Place of Business 7389 HERITAGE PALMS ESTATE DRIVE FORT MYERS, FL 33912	Mailing Address 7389 HERITAGE PALMS ESTATE DRIVE FORT MYERS, FL 33912
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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

03132007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0942714	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

U.S. INVESTOR SERVICES, INC.  
4901 TAMiami TRAIL NORTH  
ATTN: RAINER FILTHAUT  
NAPLES, FL 34103-3010

7. Name and Address of New Registered Agent

Name Bolanos Truxton, P.A.
Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive
Suite 350
City Fort Myers, FL Zip Code 33907

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]*  
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 # NAME STREET ADDRESS CITY-ST-ZIP	L01000009416 HENNING VENTURES, L.C. 7389 HERITAGE PALMS ESTATE DRIVE FORT MYERS, FL 33912	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	000096508210 04/11/07--01041--007 **500.00
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/2007

Date

239-481-9885

Daytime Phone #

JÜRGEN HENNING

STAPLE CHECK HERE