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

**Due By May 1, 2007**DOCUMENT # A99000001471

1. Entity Name C.A. ELLIOTT, LTD.



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810

Mailing Address

5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810



## DO NOT WRITE IN THIS SPACE

04172007 No Chg-LP C

CR2E003 (12/06)

4. FEI Number 59-3611072 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, CALLIE A 5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810

## DO NOT WRITE IN THIS SPACE

	e named entily submits this statement for the purpose of changing its registered office or rations of registered agent	of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept U00000713817	
SIGNATURE		05/01/07-80081-003 508.75	
	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 R NOTE: General Partners MAY NOT be changed on the form; an amen		
40	CENTRAL DARTHER INFORMATION		

	NOTE: General Partners MAY NOT be changed on the		
	12.	GENERAL PARTNER INFORMATION	
SIAPLE CHECK HERE	DOCUMENT ≠  NAME  STREET ADDRESS CITY:ST:ZIP	ELLIOTT, CALLIE A 5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME SIREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CHY ST ZIP		

DO NOT WRITE IN THIS SPACE

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 PAR

4-17-2007

407-862

Daytime Pho