

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

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A99000001760**

1. Entity Name  
**COBBLESTONE OF KISSIMMEE LTD.**



Principal Place of Business  
**20725 S.W. 46TH AVE.  
NEWBERRY, FL 32669**

Mailing Address  
**20725 S.W. 46TH AVE.  
NEWBERRY, FL 32669**



01032007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>62-1800018</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DAVIS, STEFAN M  
20725 S.W. 46TH AVE.  
NEWBERRY, FL 32669**

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

Name

Street Address (P.O. Box Number Not Acceptable)

City

**FL** Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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, 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**

DOCUMENT # **A95000000823**  
NAME **DAVIS HERITAGE LTD.**  
STREET ADDRESS **20725 S.W. 46TH AVE.**  
CITY-ST-ZIP **NEWBERRY, FL 32669**

DOCUMENT # **DAVIS, STEFAN M TRUSTEE**  
NAME **20725 S.W. 46TH AVE.**  
STREET ADDRESS **NEWBERRY, FL 32669**  
CITY-ST-ZIP

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CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

000000727271  
05/04/07-80040-023 500.00

**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 PARTNER

**Stefan M. Davis**

**January 4, 2007**

Date

**352-472-7773**

Daytime Phone #

STAPLE CHECK HERE