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

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # A99000001975**

GRAHAM/PELLETIER, LTD.

Principal Place of Business



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

1501 FOXFIRE DRIVE APOPKA, FL 32712

Mailing Address 1501 FOXFIRE DRIVE APOPKA, FL 32712



03192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3612240 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PELLETIER, MEREDITH G 1501 FOXFIRE DRIVE APOPKA, FL 32712

## DO NOT WRITE IN THIS SPACE

			i
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.	****	
	Signature, typed or printed name of registered agent and the it applicable.		DATE t
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 # NAME STREET ADDRESS CITY-ST-ZIP	GRAHAM, DOUGLAS 3025 MIDDLESEX ROAD ORLANDO, FL 32803		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	PELLETIER, MEREDITH G TRUSTEE 1501 FOXFIRE DRIVE APOPKA, FL 32712		000000673636 03/29/07-80038-001 500.0
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			OT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IIS SPACE
DOCUMENT #			

14. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP