

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # B0100000291

1. Entity Name

CHESTERFIELD PARK ASSOCIATES LIMITED PARTNERSHIP



FILED

2007 APR 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

Principal Place of Business		Mailing Address	
9051 FLORIDA MINING BLVD., STE. 100 TAMPA FL 33634		9051 FLORIDA MINING BLVD., STE. 100 TAMPA FL 33634	
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

4. FEI Number	59-2695875	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRACCHIOLO, SAM A JR. 2855 SOUTH CONGRESS AVENUE, SUITE A DELRAY BEACH FL 33445		Name James M. Cracchiolo Street Address (P.O. Box Number is Not Acceptable) 9051 Florida Mining Boulevard, Suite 100 City Tampa FL Zip Code 33634	

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: 4/30/07

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	F97000005546	STREET ADDRESS	9051 Florida Mining Blvd., Suite 100
NAME	CHESTERFIELD PARK CORPORATION	CITY - ST - ZIP	Tampa, FL 33634
STREET ADDRESS	2855 S. CONGRESS AVENUE, SUITE A		
CITY - ST - ZIP	DELRAY BEACH FL 33445		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: DATE: 4-3-07 DAYTIME PHONE: 813-889-8355

STAPLE CHECK HERE