

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B03000000077

1. Entity Name
PAN COASTAL LIMITED PARTNERSHIP, A DELAWARE LTD PARTNERSHIP



FILED

2007 MAR -5 AM 9:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**605 E. ROBINSON STREET, STE. 400
ORLANDO, FL 32801**

Mailing Address
**605 E. ROBINSON STREET, STE. 400
ORLANDO, FL 32801**

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

02222007

Chg-LP

CR2E003 (12/06)

4. FEI Number

51-0317394

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHENOY, UDAY P
SOUTHSTATE MANAGEMENT CORPORATION
605 E. ROBINSON STREET, STE. 400
ORLANDO, FL 32801**

Name

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

City

FL

Zip Code

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F03000000920**
NAME **TOURICUM NUMBER TWO LTD. INC.**
STREET ADDRESS **605 E. ROBINSON STREET, STE. 400**
CITY - ST - ZIP **ORLANDO, FL 32801**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

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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:

ASAD A. RUSHD - FOR TOURICUM NUMBER TWO LTD INC Feb 21, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #