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

SIGNATURE:

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # B04000000414** 1. Entity Name 07 JAN 22 AM 9: 23 PERIGEE CAPITAL L.P. Principal Place of Business Mailing Address 2929 ALLEN PARKWAY, SUITE 1530 2929 ALLEN PARKWAY, SUITE 1530 HOUSTON, TX 77019 HOUSTON, TX 77019 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01062007 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 75-3053480 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STROBEL, GEORGE L II O. Box Number is Npt Acceptable) 3525-618T-AVENUE-DRIVE 4764 Main Stree BRADENTON, FL 34210 8. The above name fentity 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 stered agent. SIGNATURE d or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 01/24/07--01038--004A 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # M03000000207 STREET ADDRESS PERIGEE GROUP LLC NAME 3<del>525-510T AVENUE DRIVE WEST</del> 4704 6446 Dr. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34210 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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

IND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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