2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # B05000000117

Entity Name
 BANANA RIVER OF DELAWARE, LTD.



FILED Apr 30, 2007 08:00 AM Secretary of State

Fee Required

Principal Place of Business 6419 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920 Mailing Address P.O. BOX 544

CAPE CANAVERAL, FL 32920



DO NOT WRITE IN THIS SPACE

04192007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired
■ \$8.75 Additional

6. Name and Address of Current Registered Agent

WARD, HELEN M 200 INTERNATIONAL DRIVE #206 CAPE CANAVERAL, FL 32920

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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 #	M0500000663		

NAME NORTH ATLANTIC AVENUE PROPERTIES, LLC STREET ADDRESS 6419 N ATLANTIC AVENUE CITY-ST-ZIP CAPE CANAVERAL, FL 32920 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

U00000746758 05/16/07-80080-021 500.00

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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:

DOCUMENT #
NAME
STREET ADDRESS
GITY-ST-ZIP

Stephen J Porter, Mgr, NAAP, LLO

1/27

321-784-5087

Daytime Phone i