


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB 12 AM 9:28

DOCUMENT # B05000000398 1. Entity Name FIRST ALLIED DEVELOPMENT PARTNERS LIMITED PARTNERSHIP	
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Principal Place of Business 270 COMMERCE DRIVE ROCHESTER, NY 14623	Mailing Address 270 COMMERCE DRIVE ROCHESTER, NY 14623
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01152007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3502292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed 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

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 #	F05000005343	STREET ADDRESS	
NAME	FIRST ALLIED DEVELOPMENT PARTNERS GENERAL PARTNER CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	270 COMMERCE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER, NY 14623	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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02/15/07--01038--006 **500.00

STAPLE CHECK HERE

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.

First Allied Development Partners General Partner Corporation

SIGNATURE: By: [Signature] **1/16/07** **585-359-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **William Sondericker, Vice President** Date: **1/16/07** Division Phone: **585-359-3000**