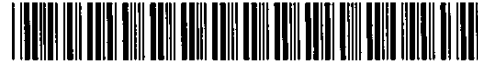


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED

2007 AUG 20 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07122007 Chg-LP CR2E003 (12/06)

DOCUMENT # B05000000502					
1. Entity Name ALPEN LIMITED PARTNERSHIP					
Principal Place of Business 14875 BAYVIEW AVE AURORA, OH 44308-8 CA			Mailing Address 14875 BAYVIEW AVE AURORA, OH 44308-8 CA		
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 20-3495647 APPLIED FOR		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 BERTS, MARK 14216 NORTH US HWY 27 OCALA, FL 34482			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$900.00 On or after September 14, 2007, Fee will be \$1000.00					
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 # NAME STREET ADDRESS CITY-ST-ZIP	F05000006662 ADENA FARMS ULC, INC 2700, 10155-102 STREET EDMONTON, ALBERTA, CANADA, T5J 1G8		STREET ADDRESS CITY-ST-ZIP	200108207837 08/28/07--01033--016 **900.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F05000006663 THE ALPEN HOUSE HOLDINGS LIMITED, INC. 20 QUEEN STREET WEST, SUITE 2500 TORONTO, ONTARIO, CANADA, M5H 3S1		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			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: <i>Edwina Honrad</i>			DATE: JULY 16, 2007		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Daytime Phone #</small> 905-841-0336		

STAPLE CHECK HERE