


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

**FILED**

2007 APR 30 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # B06000000025</b>			
1. Entity Name STEWART ASSOCIATES LIMITED PARTNERSHIP			
Principal Place of Business 800 L'AMBIANCE CIR. #205 NAPLES, FL 34108		Mailing Address 800 L'AMBIANCE CIR. #205 NAPLES, FL 34108	
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



01072007 Chg-LP CR2E003 (12/06)

4. FEI Number **23-2481532** 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	
CONNARD, W. STEWART 800 L'AMBIANCE CIR. #205 NAPLES, FL 34108		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 #	F06000000263	STREET ADDRESS	
NAME	STEWART LAND ASSOCIATES COMPANY	CITY-ST-ZIP	
STREET ADDRESS	800 L'AMBIANCE CIR. #205		
CITY-ST-ZIP	NAPLES, FL 34108		
DOCUMENT #		STREET ADDRESS	800101972616
NAME		CITY-ST-ZIP	05/09/07--0104E--002 **500.00
STREET ADDRESS			
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NAME		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

*W. Stewart Connard, President*

4/22/07

(239)596-1249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Stewart Land Assoc Co, The LP*

STAPLE CHECK HERE