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

DOCUMENT # B0600000153 1. Entity Name YACHT-MATE PRODUCTS, LTD.					FILED 07 JUN -1 AM 9: 44				
Principal Place of Business 5944 ZANGS DR. 5944 ZANGS DR. 5940 SAN ANTONIO, TX 78238 Mailing Address 5944 ZANGS DR. 5940 SAN ANTONIO, TX 78238			8		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3200 S. And rews Ave									
Suite, Apt. #, etc. StellOG City & State City & State					03152007 4. FEI Number	Chg-LP	CR2E003	(12/06)	
Ft. Lauderdale F1 Zip Country Zip Coun				try	20-3	58285	\$2	Not Applicable .75 Additional	
33316 USA 6. Name and Address of Current Registered Agent				.,	Certificate of Name and A	Status Desired	☐ fee	Required	
CAPITOL CORPORATE SERVICES, INC.				Name					
155 OFFICE PLAZA DR. SUITE A				Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32301				City	Zip Code				
	named entity submits this statement for	ed office or register	ed agent, or both,	in the State of Flo	<u> </u>	iliar 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 # NAME	STR			ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	5944 ZANGS DR. SAN ANTONIO, TX 78238		CITY	- ST-ZIP	41	00104	2194	E4	
DOCUMENT #			STRE	ÉT ADORESS	06/11	/070103	2010	**500.00	
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DOCUMENT #			STRE	ET ADDRESS					
STREET ADDRESS City-Se-zip			CITY	-ST-ZIP	DR				
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 glade 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.									
(1) A not colle									
SIGNATURE: WWW - 1/4 CO J. L. C. By									