

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

FILED


2007 APR 05 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052007 Chg-LP CR2E003 (12/06)

DOCUMENT # B06000000238
 1. Entity Name
RESPONSE CENTER USA, LP



Principal Place of Business: 11235 GORDON ROAD, SUITE 102, SAN ANTONIO, TX 78216
 Mailing Address: 11235 GORDON ROAD, SUITE 102, SAN ANTONIO, TX 78216

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: 14-192 8860
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OLIVER, JAMES D
7004 FOUNTAIN AVENUE
TAMPA, FL 33634

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 _____
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

| | | | |
|------------|--------------------|--------------------|-------------------|
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | DAWKINS, GARY | 10011 LAZY J TRAIL | HELOTES, TX 78023 |
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | BENFER, JOHN DAVID | 1209 CEDARWOOD | SCHERTZ, TX 78154 |
| 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 |

13. ADDRESS CHANGES ONLY

| | |
|----------------|-------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 500096510485 |
| CITY-ST-ZIP | 04/11/07--01042--005 **508.75 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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

SIGNATURE: Gary Dawkins Gary Dawkins 3/27/07 210-789-9102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #