

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


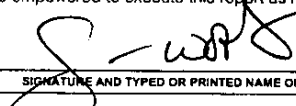
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2007 APR 25 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01182007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # B06000000358</b>					
1. Entity Name VALLS SHIP AGENCIES LP					
Principal Place of Business 210 SOUTH CARANCAHUA STREET, SUITE 600 CORPUS CHRISTI, TX 78401			Mailing Address P.O. BOX 2505 CORPUS CHRISTI, TX 78403		
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 20-4318611	
				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 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	
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>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M06000005494		STREET ADDRESS		
NAME	VESSEL AGENCY OPERATING LLC		CITY-ST-ZIP		
STREET ADDRESS	210 SOUTH CARANCAHUA STREET, SUITE 600				
CITY-ST-ZIP	CORPUS CHRISTI, TX 78401				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	500101232015	
STREET ADDRESS				05/02/07--01049--015 ***500.00	
CITY-ST-ZIP					
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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: 			Jason Weeks		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		
			361-884-4096		

STAPLE CHECK HERE