

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED

07 JUL 18 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B06000000377	
1. Entity Name SRG, A NEVADA LIMITED PARTNERSHIP	



Principal Place of Business 2533 N. CARSON STREET CARSON CITY, NY 89706	Mailing Address 2533 N. CARSON STREET CARSON CITY, NY 89706
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2. Principal Place of Business - No P.O. Box # 850 Martin Downs Blvd.	3. Mailing Address PO Box 359
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06012007 Chg-LP CR2E003 (12/06)

City & State Palm City, Florida	City & State Stuart, Florida
Zip 34990	Country USA
Zip 34995	Country USA

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, JOHN W 2201 NW CORPORATE BLVD. #200 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Christopher Garris Street Address (P.O. Box Number is Not Acceptable) 850 SW Martin Downs Blvd. City Palm City FL Zip Code 34990
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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.	7/13/07
SIGNATURE	DATE

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 #	GARRIS ENTERPRISES, INC.	STREET ADDRESS	
NAME	2533 N. CARSON STREET	CITY-ST-ZIP	000106500260
STREET ADDRESS	CARSON CITY, NY 89706		07/20/07--01034--016 **900.00
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:	7/13/07	772-287-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE

STAPLE CHECK HERE