## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## **Due By May 1, 2007** FILED **DOCUMENT # B93000000520** ALLBER VENTURES (BROOKSVILLE) LTD. 2007 APR 30 AM 9: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business ONE YORKDALE ROAD, SUITE 510 9617 SPRING LAKE DRIVE CLERMONT, FL 34711 TORONTO ONTARIO CANADA, M6A -3A1 04202007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 98-0109466 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRATT, JAMES R ESQ. DO NOT WRITE 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789 IN THIS SPACE 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, 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. GENERAL PARTNER INFORMATION 12. F99000002481 DOCUMENT # 1319824 ONTARIO LIMITED CORP. MAME STREET ADDRESS ONE YORKDALE ROAD, SUITE 510 CITY-ST-ZIP TORONTO ONTARIO CANADA, M6A 3A1 800102356308 05/14/07--01071--021 \*\*500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIF IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS

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

LAMPENCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CITY-ST-ZIP

SIGNATURE:

APR 2 5 2007