


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

<b>DOCUMENT # B97000000041</b> 1. Entity Name <b>SPIDEV LIMITED PARTNERSHIP</b>	
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**FILED**  
**07 FEB 23 AM 10:04**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>1600 GOVERNORS DRIVE</b> <b>PENSACOLA, FL 32514</b>	Mailing Address <b>2542 WILLIAMS BOULEVARD</b> <b>ATTN: LEGAL DEPARTMENT</b> <b>KENNER, LA 70062</b>
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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

01302007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>72-1350129</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>GART, DAVID A</b> <b>250 AUSTRALIAN AVENUE SOUTH, SUITE 500</b> <b>WEST PALM BEACH, FL 33401</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>Corporation Company of Miami (JAF)</b> Street Address (P.O. Box Number is Not Acceptable) <b>250 Australian Avenue South</b> <b>Suite 500</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>
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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.

SIGNATURE *[Signature]* V. Pres. Corp. Co. of Miami 2.14.07  
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 #	P96000098983	STREET ADDRESS	
NAME	SIZ-DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	2542 WILLIAMS BLVD.		
CITY-ST-ZIP	KENNER, LA 700625596		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

**700089612557**  
 02/27/07--01056--023 \*\*500.00

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: *[Signature]* Guy M. Chermie 1/23/07 504-904-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE