

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

DOCUMENT # B97000000520

1. Entity Name  
PROVIDENT FUNDING ASSOCIATES, L.P.



Principal Place of Business  
1633 BAYSHORE HWY, SUITE 155  
BURLINGAME, CA 94010

Mailing Address  
1633 BAYSHORE HWY, SUITE 155  
BURLINGAME, CA 94010

FILED

07 JUN -1 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
77-0323586

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CORPORATE SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
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 \_\_\_\_\_

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**

DOCUMENT # P93000020993  
NAME PROVIDENT FUNDING GROUP, INC.  
STREET ADDRESS 1633 BAYSHORE HWY., SUITE 155  
CITY-ST-ZIP BURLINGAME, CA 94010

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600104123066  
06/08/07--01038--006 \*\*350.00

**DO NOT WRITE  
IN THIS SPACE**

600104123066  
06/08/07--01038--007 \*\*150.00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Michelle C. Blake* Michelle C. Blake

4/24/07

(650) 652-1300

AT 3158