2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 05, 2007 08:00 A Secretary of State

Due By May 1, 2007				Apr 05, 2007 08:0		
DOCUMENT # B9800000154 1. Entity Name LAMPE ENTERPRISES 1995 LIMITED PARTNERSHIP				Secre	etary of Sta	
•	e of Business I PINE ISLAND ROAD I, FL 33324	Mailing Address P.O. BOX 608 SMITHFIELD, NC 27577		 	SI HSBI BIIK BIBIRII BI IBBI	
DO NOT WRITE IN THIS SPACE				4. FEI Number 56-1482867 5. Certificate of Status Desired	03 (12/06) Applied For Not Applicable \$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			DO NOT WRITE IN THIS SPACE			
	named entity submits this statem ions of registered agent.	nent for the purpose of changing its regi	stered office or register	red agent, or both, in the State of Florida. I am fi	amiliar with, and accept	
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable.		DATE		
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00						
	NOTE: General Partner	s MAY NOT be changed on the fo		TERED AND ACTIVE WITH THIS OFFICE at must be filed to change a general part		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #	F98000001437 GUY C. LEE MFG. COMPA 235 EAST MARKET STREE SMITHFIELD, NC 27577			U00000692 04/13/07-800	2122 338–012 500.QC	
NAME- STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP						

14. I hereby certify that the information supplied with this filling 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:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ry L Lampe

03/28/07

919-934-3041