2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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

Due By May 1, 2007				Securitary of St.	
DOCUMENT #B9800000155 1. Entity Name GARRETT SQUARE APARTMENTS LIMITED PARTNERSHIP				3	ecretary of St
1200 SOUTH	e of Business H PINE ISLAND ROAD I, FL 33324	Mailing Address P.O. BOX 608 SMITHFIELD, NC 27577			
DO NOT WRITE IN THIS SPACE				03282007 No Chg-LP 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired	CR2E003 (12/06) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Cu	rent Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT WE	
	e named entity submits this statement ions of registered agent.	ent for the purpose of changing its re	gistered office or register	ed agent, or both, in the State of Florio	da. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable				DATE	
	After May	NOW!!! FEE IS \$500.00 1, 2007, Fee will be \$900.0			
				FERED AND ACTIVE WITH THIS it must be filed to change a gen	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PAR F98000001436 THE LAMPE COMPANY, INI 235 EAST MARKET STREE SMITHFIELD, NC 27577 B98000000154 LAMPE ENTERPRISES 199 235 EAST MARKET STREE SMITHFIELD, NC 27577	5 LIMITED PARTNERSHIP		U000 04/13/0	00692124 7-80038-013 500.0
DOCUMENT / NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT /			DO NOT WRITE IN THIS SPACE		

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:

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

buy L Lompe

03/28/07

919-934-3041

Daytime Phone #