


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # B98000000514 1. Entity Name VINING-SPARKS IBG, LIMITED PARTNERSHIP	
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Principal Place of Business 775 RIDGE LAKE BLVD., 2ND FLOOR MEMPHIS, TN 38120	Mailing Address 775 RIDGE LAKE BLVD., 2ND FLOOR MEMPHIS, TN 38120
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DO NOT WRITE IN THIS SPACE

07132007 No Chg-LP CR2E003 (12/06)

4. FEI Number 62-1445536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, ROBERT J
500 W. CYPRESS CREEK ROAD, SUITE 220
FORT LAUDERDALE, FL 33309

**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 \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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 #	F98000004701
NAME	VINING-SPARKS SECURITIES, INC.
STREET ADDRESS	775 RIDGE LAKE BLVD., 2ND FLOOR
CITY-ST-ZIP	MEMPHIS, TN 38120
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000763579
07/19/07-80006-008 900.00

**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  **Treasurer/Secretary of the**
sole General Partner V.S.S.I. 7/16/2007 (901) 766-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE