

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

<b>DOCUMENT # B99000000295</b> 1. Entity Name <b>GREYHOUND FUND LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>1862 MCCAULEY ROAD CLEARWATER, FL 33765</b>		Mailing Address <b>P.O. BOX 1558 CLEARWATER, FL 33757</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04182007    Chg-LP    CR2E003 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>POLLACK, RONALD J 1000 ELDORADO AVENUE CLEARWATER, FL 33767</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL    Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	B96000000008	STREET ADDRESS	1862 MCCAULEY ROAD
NAME	BULLDOG CAPITAL MANAGEMENT LIMITED PTRNSHP	CITY-ST-ZIP	CLEARWATER, FL 33765
STREET ADDRESS	33 NORTH GARDEN AVENUE, SUITE 750		
CITY-ST-ZIP	CLEARWATER, FL 33755		
DOCUMENT #		STREET ADDRESS	000101243290
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STREET ADDRESS			
CITY-ST-ZIP			

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:** **Ronald J. Pollack**      **April 25, 2007**      **727-725-5225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER