

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007**

DOCUMENT # A01000000974

1. Entity Name
COSTA DORADA ASSOCIATES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 1:39

Principal Place of Business 10520 NW 26TH ST SUITE C-201 MIAMI, FL 33172	Mailing Address 10520 NW 26TH ST SUITE C-201 MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box # 10520 NW 26 St. Suite, Apt. #, etc. C-201	3. Mailing Address 10520 NW 26 St. Suite, Apt. #, etc. C-201
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07022007 Chg-LP CR2E003 (12/06)

City & State Doral, FL	City & State Doral, FL
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4. FEI Number 65-1127475	Applied For Not Applicable
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Zip 33172	Country U.S.	Zip 33172	Country U.S.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CABANAS, JOSE E
10520 NW 26TH ST
SUITE C-201
MIAMI, FL 33172

7. Name and Address of New Registered Agent
Name Jose E. Cabanas
Street Address (P.O. Box Number is Not Acceptable)
10520 NW 26 St. - C201
City Doral **FL** Zip Code 33172

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 Jose E. Cabanas DATE 07/02/07

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	P01000070396
NAME	COSTA DORADA ASSOCIATES, INC.
STREET ADDRESS	10520 NW 26TH STREET (SUITE C-201)
CITY-ST-ZIP	MIAMI, FL 33172

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<u>10520 NW 26 St. - Ste. C201</u>
CITY-ST-ZIP	<u>Doral, FL. 33172</u>

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
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CITY-ST-ZIP	

STREET ADDRESS	100106488471
CITY-ST-ZIP	07/20/07--01032--015 **500.00

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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: Jose E. Cabanas DATE 07/02/07 Daytime Phone # (305) 513-3639

STAPLE CHECK HERE