

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

**FILED
Apr 06, 2007 08:00 A.
Secretary of State**

DOCUMENT # A02000001289	
1. Entity Name COSCAN FLORIDA HOLDINGS, LTD.	

Principal Place of Business 5555 ANGLERS AVENUE SUITE 1A FORT LAUDERDALE, FL 33312 US	Mailing Address 5555 ANGLERS AVENUE SUITE 1A FORT LAUDERDALE, FL 33312 US
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01082007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1849610	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 REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET SUITE 2900 MIAMI, FL 33131
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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 _____ 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**

U00000634587
04/17/07-80026-002 500.00

**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 # NAME STREET ADDRESS CITY-ST-ZIP	L02000024712 COSCAN ASSETS, LLC 5555 ANGLERS AVENUE-SUITE 1 FORT LAUDERDALE, FL 33312
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L02000024626 DEVELOPERS FLORIDA ASSETS LLC 5555 ANGLERS AVENUE - SUITE 1 FORT LAUDERDALE, FL 33312
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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:  **ALBERT C. PIAZZA** **3/13/07** **(954) 620-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE