


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

**FILED
Mar 26, 2007 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # A04000001344 1. Entity Name SANCTUARY OF CORAL GABLES, LTD. |  |
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| Principal Place of Business 275 HAMPTON LANE KEY BISCAVAYNE, FL 33149-1223 | Mailing Address 275 HAMPTON LANE KEY BISCAVAYNE, FL 33149-1223 |
|--|--|

DO NOT WRITE IN THIS SPACE



01172007 No Chg-LP CR2E003 (12/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-1592050 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent WOOD, HARLESTON R 275 HAMPTON LANE KEY BISCAVAYNE, FL 33149-1223 |
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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**

**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 # | P04000112349 |
| NAME | METTA OF CORAL GABLES, INC. |
| STREET ADDRESS | 225 LEUCADENDRA DRIVE |
| CITY-ST-ZIP | CORAL GABLES, FL 33156 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/03/07-80077-001 500.00

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IN THIS SPACE**

STAPLE CHECK HERE

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: *M. D. P. B.* 2/27/07 941-966-6469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #