

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 23 AM 9:20

DOCUMENT # A05000001286 1. Entity Name ALAFIA RIVER PROPERTY GROUP, LLLP	
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Principal Place of Business 411 VANDERKLOOT DRIVE OSPREY, FL 34229	Mailing Address 411 VANDERKLOOT DRIVE OSPREY, FL 34229
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2. Principal Place of Business - No P.O. Box # 8620 S. TAMiami Trail Suite, Apt. #, etc. Suite N-P City & State Sarasota, FL Zip 34238 Country U.S.A.	3. Mailing Address 8620 S. TAMiami Trail Suite, Apt. #, etc. Suite N-P City & State Sarasota, FL Zip 34238 Country U.S.A.
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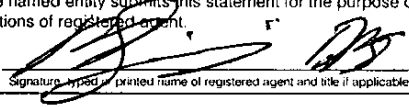
01042007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3086034	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GIANNINI, ALESSANDRO A DDS 411 VANDERKLOOT DRIVE OSPREY, FL 34229	7. Name and Address of New Registered Agent Name Alessandro A. Giannini, DDS Street Address (P.O. Box Number is Not Acceptable) 8620 S. TAMiami Trail Suite N-P City Sarasota FL Zip Code 34238
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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.

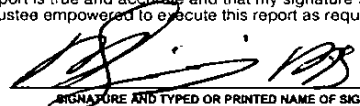
SIGNATURE  DATE 1/10/07

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 # NAME STREET ADDRESS CITY-ST-ZIP	L05000052067 ALAFIA RIVER PROPERTY GROUP, LLC 411 VANDERKLOOT DRIVE OSPREY, FL 34229	STREET ADDRESS CITY-ST-ZIP	8620 S. TAMiami Trail, Suite N-P Sarasota, FL 34238
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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:  DATE 1/10/07

STAPLE CHECK HERE