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

Principal Place of Business	Mailing Address
411 VANDERKLOOT DRIVE OSPREY, FL 34229	411 VANDERKLOOT DRIVE OSPREY, FL 34229

01042007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8620 S. Tamiami Trail	8620 S. Tamiami Trail
Suite, Apt. #, etc. Suite N-P	Suite, Apt. #, etc. Suite N-P
City & State Sarasota, FL	City & State Sarasota, FL
Zip / Country 34238 / U.S.A.	Zip / Country 34238 / U.S.A.

4. FEI Number
20-3086034
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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 _____ 1/10/07
Signature, typed or printed name of registered agent and title if applicable. DATE

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 #	L05000052067	STREET ADDRESS	8620 S. Tamiami Trail, Suite N-P
NAME	ALAFIA RIVER PROPERTY GROUP, LLC	CITY-ST-ZIP	Sarasota, FL 34238
STREET ADDRESS	411 VANDERKLOOT DRIVE		
CITY-ST-ZIP	OSPREY, FL 34229		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900086232429
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STREET ADDRESS			
CITY-ST-ZIP			

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: _____ 1/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #