


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

DOCUMENT # A05000001550

1. Entity Name
PALAFOX LANDING, LTD.



FILED
May 21, 2007 8:00 A.M.
Secretary of State

Principal Place of Business
300 N. W. 12TH AVENUE
MIAMI, FL 33128

Mailing Address
300 N. W. 12TH AVENUE
MIAMI, FL 33128

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
20-3267661

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MARTORANO, SALVATORE
300 N.W. 12TH AVENUE
MIAMI, FL 33128

7. Name and Address of New Registered Agent
Name: Agustin Dominguez
Street Address (P.O. Box Number is Not Acceptable): 300 NW 12 Ave
City: MIAMI FL 33128

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: [Signature] RA DATE: 05/01/2007

**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 #	P05000104248
NAME	GMN PALAFOX, INC.
STREET ADDRESS	300 N.W. 12TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33128
DOCUMENT #	P05000105610
NAME	CEII PALAFOX, INC.
STREET ADDRESS	302 N BARCELONA STREET
CITY-ST-ZIP	PENSACOLA, FL 32502
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	800104218188
CITY-ST-ZIP	06/11/07--01032--004 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: [Signature] DATE: 05/01/2007 DAYTIME PHONE #: (305) 324-5505

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

A. DOMINGUEZ