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

### **DOCUMENT #A23066**

1. Entity Name MIDWAY POINT ASSOCIATES, LTD.



Principal Place of Business

10000 SW 56 STREET #32 MIAMI, FL 33165 Mailing Address

10000 SW 56 STREET #32 MIAMI, FL 33165

### FILED

2007 MAR 22 AM II: 09

SECRETARY OF STATE TALLAHASSEE. FLORIDA



DO NOT WRITE IN THIS SPACE

O11112007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2713566 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, J. LUIS 338 MINORCA AVENUE CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

	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 acc the obligations of registered agent.	ept
SIC	SNATURE	

#### 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.

		NOTE: General Partners MAT NOT be changed on the	ī
_1	12.	GENERAL PARTNER INFORMATION	I
,	DOCUMENT # WAME STREET ADDRESS	M32569 P.N.R. DEVELOPERS, INC.	
1	CITY-ST-ZIP	10000 SW 56 STREET #32 MIAMI, FL	ı
1	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
1	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	***	

Signature, typed or printed name of registered agent and title if applicable,

500095231555 03/29/07--01038--010 \*\*508.75

# DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP

DOCUMENT / NAME

STREET ADDRESS
STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

19/07 (30s) 595

Daytime Phone