


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**


**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A23182**  
 1. Entity Name  
 17070 COLLINS AVENUE SHOPPING CENTER, LTD.



Principal Place of Business      Mailing Address  
 17100 COLLINS AVE STE 225      17100 COLLINS AVE STE 225  
 SUNNY ISLES BEACH, FL 33160      SUNNY ISLES BEACH, FL 33160

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>59-2721105</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent  
 KATZ, RAANAN  
 17100 COLLINS AVE SUITE 225  
 SUITE 225  
 SUNNY ISLES BEACH, FL 33160

**DO NOT WRITE 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, 2008, 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 #	M37803
NAME	17070 COLLINS AVENUE SHOPPING CENTER, INC.
STREET ADDRESS	17100 COLLINS AVE #225
CITY-ST- ZIP	SUNNY ISLES BCH, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

U00000819928  
 02/19/08-80008-005 500.00

**DO NOT WRITE 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:**  **DAVID KATZ**      2-1-08      781-320-0001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #