

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

**FILED
Mar 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # A32090

1. Entity Name
RED DRAGON'S SANDS, LTD.



Principal Place of Business
**301 OCEAN DRIVE
KEY BISCAYNE, FL 33149**

Mailing Address
**301 OCEAN DRIVE
KEY BISCAYNE, FL 33149**



03052007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0286625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASTILLO, MARTHA
2100 PONCE DE LEON BLVD., #1203
CORAL GABLES, FL 33134**

**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, 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 #	P00000001125
NAME	AXIS DEVELOPMENT CORPORATION
STREET ADDRESS	301 OCEAN DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000680422
04/03/07-80077-018 500.00

**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: ZORAIDA LUJAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Zoraida Lujan - 3/20/07 (305) 361-5441
Date Daytime Phone #