


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A95000002018 1. Entity Name FLORIDA RESORT MANAGEMENT, LTD.	
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FILED

2007 APR 30 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1677 COLLINS AVENUE MIAMI FL 33139	Mailing Address C/O MILLER & WEBNER, P.A. P.O. BOX 266947 WESTON FL 33326-6947
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2. Principal Place of Business - No P.O. Box # 3025 Collins Avenue	3. Mailing Address Suite, Apt. #, etc.
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City & State Miami Beach, FL	City & State Suite, Apt. #, etc.
Zip 33140	Country

4. FEI Number 65-0649560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent MILLER, REBECCA M ESQ. C/O MILLER & WEBNER, P.A. 2442 POINCIANA COURT WESTON FL 33327	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____

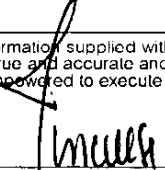
FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 <table border="1" style="width:100%"> <tr> <td style="width:20%">DOCUMENT #</td> <td>P95000096194</td> </tr> <tr> <td>NAME</td> <td>FLORIDA RESORT, INC.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1677 COLLINS AVENUE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH FL 33139</td> </tr> </table>	DOCUMENT #	P95000096194	NAME	FLORIDA RESORT, INC.	STREET ADDRESS	1677 COLLINS AVENUE	CITY-ST-ZIP	MIAMI BEACH FL 33139	13. ADDRESS CHANGES ONLY <table border="1" style="width:100%"> <tr> <td style="width:20%">STREET ADDRESS</td> <td>3025 Collins Avenue</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami Beach, FL 33140</td> </tr> </table>	STREET ADDRESS	3025 Collins Avenue	CITY-ST-ZIP	Miami Beach, FL 33140
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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: 	Hans-Joachim Krause (954)385-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #