

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

DOCUMENT # A96000000545

1. Entity Name

5737 OKEECHOBEE BOULEVARD, LTD.



FILED
07 MAR 14 AM 9:43
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

166 HARVARD DRIVE
 LAKE WORTH FL 33460

166 HARVARD DRIVE
 LAKE WORTH FL 33460

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0652001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

1st MOORE

CR2E003 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPINELLI, PHILIP V
 166 HARVARD DRIVE
 LAKE WORTH FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000024701
 NAME 5737 OKEECHOBEE BOULEVARD, INC.
 STREET ADDRESS 166 HARVARD DRIVE
 CITY- ST- ZIP LAKE WORTH FL 33460

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

02/21/07--80052--020 **500.00

DOCUMENT #
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 CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

300094734159
 03/26/07--01006--009 **150.00

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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:

Philip V Spinelli
 PHILIP V SPINELLI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/28/07 5615722796

STAPLE CHECK HERE