


2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001408</b>	
1. Entity Name S.R.S. ASSOCIATES, LTD.	

Principal Place of Business 501 BRICKELL KEY DRIVE, SUITE 103 MIAMI, FL 33131	Mailing Address 501 BRICKELL KEY DRIVE, SUITE 103 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**

04162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-1795229	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, JEFFREY  
501 BRICKELL KEY DRIVE, SUITE 103  
MIAMI, FL 33131

**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 05/30/07-20045-005 500.00

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

**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 #	
NAME	SIMON, JEFFREY
STREET ADDRESS	501 BRICKELL KEY DRIVE, SUITE 103
CITY-ST-ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Jeffrey Simon JEFFREY SIMON 4/26/07 305-451-3465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #