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

## FILED Feb 28, 2007 08:00 AM Secretary of State

Montage Place of Exclusives   STE #508   HOLLWOOD BLVD   STE #508   HOLLWOOD, FL 33020	1. Entity Nan	MENT # A970000 PROPERTIES, LTD.	02327				Sec	cretar	y of State
Suite, April 4, etc.    Suite, April 4, etc.   Coly & State   City & City	2514 HOLLY SUITE #508 HOLLYWOOD	WOOD BLVD.	2514 HOLLYWOOD SUITE #508			1 18874 (1818 78)) 138	# <b>11</b> 14 <b>10</b> 14 <b>10</b>	'II 80III 80IIO 1100	F 1410 1484 44010K #1 1001
City & State  Country  S. Certificate of Status Dearied City Applicable rece Required Fee Re	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Signature   Sign	Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		02052007 Ch	g-LP	CR2E00	3 (12/06)
Secondary   Seco	City & Stat	е	City & State	City & State					Applied For Not Applicable
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Coun	itry				8.75 Additional
Sire Address (P.O. Box Number is Not Acceptable)  Sire Address (P.O. Box Number is Not Acceptable)  Sire Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  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 Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords. I am familiar with, and accept the collegations of registered agent, or both, in the State of Fords.  ACCEPTATION OF THE Collegation of Fords agent		6. Name and Address of Curr	ent Registered Agent	<del></del>	Name	7. Name and Addres	ss of New R	tegistered Ag	ent
SUITE #508 HOLLYWOOD, FL 33020  2	WOLLAND	, FRANK							
## City PL 3/3020  8. The above named entity submits this statement for the purpose of changing its registered agent, or sort, in the State of Piorida. I am lamilar with, and accept the collegators of registered agent.  ### STREET ADDRESS CHANGESS CHANGES CHA						Street Address (P.O. Box Number is Not Acceptable)			
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    Pagentum, types or private name of registered agent and title flagoresists.   DATE									
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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				CITY-	ST-ZIP				
	14. I hereby or indicated or the rece	ertify that the information supplied on this report is true and accurate an per or trustee empowered to execu-	with this filing does not qualify not that my signature shan hav to this report as required by C	for the exe e the same Chapter 620	emptions contained legal effect as if ma , Florida Statutes	lin Chapter 119, Florida ade under oath; that I a	a Statutes I am a Genera	further certify I Partner of th	that the information e limited partnership