2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # A07724 1. Entity Name BYRON FLAGLER, LTD.						07 JAN 23	AM 9	:21
Principal Place of Business % BORIS ROSEN 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131 MIAMI, FL 33131 MIAMI, FL 33131 MIAMI, FL 33131			SUITE #	1200] 	B)(#: 1881); 18818 B (# 4181)		8/8/11 8/8/8/8 8/8/8/8/8/8/8/8/8/8/8/8/8
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1001 BRICKELL BAY DRIVE 1001 BRICKEL			L BAY DRIVE					
Suite, Apt. #, etc. 1400		Suite, Apt. #, etc. 1400		01032007	Chg-LP	CR2E00	3 (12/06)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number Applied For 59-1931343 Not Applicable				
Zip 33131	Country	Zip 33131	Coun			f Status Desired		8.75 Additional ee Required
JJ1J1	6. Name and Address of Current I				7. Name and A	Address of New Re	gistered A	jent
MARBIN, EVAN R 48 E FLAGLER STREET				Street Address (P.O. Box Number is Not Acceptable)				
PH-104 MIAMI, FL 33131								
				City	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 site 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			13.					
DOCUMENT #	KOZOLCHYK, BENNY		STREET ADDRESS					_
STREET ADDRESS CITY-ST-ZIP	2250 NE 122 STREET N MIAMI, FL 33181	CIT		-ST-ZIP	"			a11
DOCUMENT # NAME	ROK, SERGIO		STRI	EET ADDRESS				
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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 emptioned to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

BENNY KOZOLCHYK

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3053731493