

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # A23182

1. Entity Name
17070 COLLINS AVENUE SHOPPING CENTER, LTD.



Principal Place of Business
17100 COLLINS AVE STE 225
SUNNY ISLES BEACH, FL 33160

Mailing Address
17100 COLLINS AVE STE 225
SUNNY ISLES BEACH, FL 33160



01052007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2721105

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZ, RAANAN
17100 COLLINS AVE SUITE 225
SUITE 225
SUNNY ISLES BEACH, FL 33160

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

U000000642768
03/01/07-80057-012 500.00
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 # M37803
NAME 17070 COLLINS AVENUE SHOPPING CENTER, INC.
STREET ADDRESS 17100 COLLINS AVE #225
CITY-ST-ZIP SUNNY ISLES BCH, FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-13-07
Date

781-320-0001
Daytime Phone #

STAPLE CHECK HERE