

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 07, 2008 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

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LP

CR2E003 (12/06)

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #  
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CITY-ST-ZIP

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000000819928  
02/19/08-80008-005 500.00

**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

DAVID KATZ

2-1-08

Date

781-320-0001

Daytime Phone #

STAPLE CHECK HERE