2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A00000000083

1. Entity Name
ELIE'S CORNER, LTD.

Principal Place of Business	Mailing Address
5446 N. BAY ROAD MIAMI BEACH, FL 33140	P.O. BOX 402097 MIAMI BEACH, FL 33140-2097

DO NOT WRITE IN THIS SPACE

04232007 No Chg-LP   CR2E003 (12/06)

4. FEI Number	Applied For
65-1037475	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLOTTMANN, JACK
5446 N. BAY ROAD
MIAMI BEACH, FL 33140

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, 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 #	P00000003213
NAME	ELIE'S CORNER, INC.
STREET ADDRESS	PO BOX 402097
CITY-ST-ZIP	MIAMI BEACH, FL 33140
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U00000739378
05/14/07-80025-001 500.00

DO NOT WRITE IN THIS SPACE

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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____   4/23/07   3058685131

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