

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

AR-DIV <sup>465</sup> FILED  
May 22, 2007 08:00 A  
Secretary of State

DOCUMENT # A00000002001

1. Entity Name  
WINTER HAVEN-ARBOURS LIMITED PARTNERSHIP



Principal Place of Business  
660 LASALLE PLACE, UNIT 2 C  
HIGHLAND PARK, IL 60035

Mailing Address  
660 LASALLE PLACE, UNIT 2 C  
HIGHLAND PARK, IL 60035



01032007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-4397574

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARGOLIES, MARVIN H  
6720 PALERMO WAY  
LAKE WORTH, FL 33467

**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 # P00000099371  
NAME DASE, INC.  
STREET ADDRESS 660 LASALLE PLACE, UNIT 2 C  
CITY-ST-ZIP HIGHLAND PARK, IL 60035

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U000000764914  
05/31/07-80017-005 500.00

**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

Date

Daytime Phone

5/15/07

847 926 4422

X225

STAPLE CHECK HERE