

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082007 Chg-LP CR2E003 (12/06)

DOCUMENT # A01000000150 1. Entity Name WARD TOWERS ASSISTED LIVING ASSOCIATES, LTD.					
Principal Place of Business 7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155			Mailing Address 7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-2068880	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE PEDRO-GONZALEZ, MARIA N 7483 SW 24TH STREET SUITE 209 MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Bierman, Mitchell Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce de Leon Blvd. Suite 700 City Miami FL 33134	
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 04/27/2007 <small>Signature, typed or printed name of registered agent and title if applicable. DATE:</small>					
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. ADDRESS CHANGES ONLY		
DOCUMENT #	L01000001441		STREET ADDRESS		
NAME	WARD TOWERS ASSISTED LIVING, LLC		CITY-ST-ZIP		
STREET ADDRESS	7483 SW 24TH STREET, SUITE 209				
CITY-ST-ZIP	MIAMI, FL 33155				
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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

04/27/2007 **3062673624**
Date Daytime Phone #