


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

**FILED
May 01, 2007 08:00 A
Secretary of State**

DOCUMENT # A0100000318 1. Entity Name IVES DAIRY CROSSINGS LIMITED PARTNERSHIP	
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Principal Place of Business 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180	Mailing Address 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

6. Name and Address of Current Registered Agent HARTGLASS, LORI R 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 # NAME STREET ADDRESS CITY-ST-ZIP	IVES DAIRY CROSSINGS, LLC. 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180	STREET ADDRESS CITY-ST-ZIP	000000751063 05/18/07-80088-007 550.00
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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: _____ **4-23-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE



03212007 Chg-LP CR2E003 (12/06)

4. FEI Number **52-2298339** Applied For Not Applicable

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