

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

DOCUMENT # A01000000442

1. Entity Name

CORMORANT ENTERPRISES LTD.



FILED

2007 APR 23 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 3326 MARY STREET, SUITE 603 MIAMI FL 33133	Mailing Address 3326 MARY STREET, SUITE 603 MIAMI FL 33133
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2. Principal Place of Business - No P.O. Box # 3670 SW 37 Av. Suite, Apt. #, etc.	3. Mailing Address 3670 SW 37 Av. Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/06)

City & State Miami FL	City & State Miami, FL	4. FEI Number 88-0469630	Applied For Not Applicable
Zip 33133	Country Dade	Zip 33133	Country Dade

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI FL 33133
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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. \*\*\* After May 1, 2007, fee will be \$900.\*\*\* Make check payable to Florida Department of State.**

**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	F01000001791 CORMORANT ENTERPRISES, INC. 1135 TERMINAL WAY, SUITE 209 RENO NV 89502	STREET ADDRESS CITY - ST - ZIP	
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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

4/13/07 7865436565  
Daytime Phone #

STAPLE CHECK HERE