

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A01000000916

1. Entity Name
CAUSEWAY ISLAND PROPERTIES, LTD.



FILED

07 MAY 24 AM 9:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
**4500 PGA BOULEVARD, SUITE 207
 PALM BEACH GARDENS, FL 33418**

Mailing Address
**4500 PGA BOULEVARD, SUITE 207
 PALM BEACH GARDENS, FL 33418**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03222007 Chg-LP CR2E003 (12/06)

4. FEI Number
65-1119903

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GALUI, JUDITH M
 4500 PGA BOULEVARD, SUITE 207
 PALM BEACH GARDENS, FL 33418**

7. Name and Address of New Registered Agent
 Name **STEPHANOS, DIANE L.**
 Street Address (P.O. Box Number is Not Acceptable)
4500 PGA Blvd., Suite 207
 City **Palm Beach Gardens** **FL** Zip Code **33418**

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 *Diane L. Stephanos* **Diane L. Stephanos** **3/28/07**
 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 #	L99000003526
NAME	PERPETUITIES TRUST HOLDINGS, LLC
STREET ADDRESS	4500 PGA BOULEVARD, SUITE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	100103637361
CITY-ST-ZIP	06/01/07--01006--004 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Diane L. Stephanos* **Diane L. Stephanos** **3/28/07** **561/691-9050**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Routine Process #