2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

DOCUMENT # A01000000974					SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name						
COSTA DORADA ASSOCIATES, LTD.					07 JUL 18 PM 1: 39	
Principal Place of Business Mailing Address				•		
10520 NW 26TH ST						
MIAMI, FL 33172 MIAMI, FL 33172					I CARLETTI CATA BATAL MATA ARMI ARMI ARMI ARMI ARMI ARMI ARMI ARM	
Principal Place of Business - No P.Q. Box # 3. Mailing Address						
10520 NW 26 St. 10520 NW				6 At		
Suite, Apt. #, etc. Suite, Apt. #, etc. $C-201$: 1		07022007 Chg-LP CR2E003 (12/06)	
City & State Do Ra Fl. Do Ra			FA		4. FEI Number Applied For 65-1127475 Not Applicable	
Zip Country Zip			Coun	ry _	5 Certificate of Status Desired \$8.75 Additional	
6. Name and Address of Current Registered Agent				<u> </u>	7. Name and Address of New Registered Agent	
Name To					se E. Cahanas	
CABANAS, JOSE E 10520 NW 26TH ST					(P.O. Box Number is Not Acceptable)	
SUITE C-201 MIAMI, FL 33172				10520 NW 26 St C201		
				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
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 about Fose E. Cabanas						
SIGNATURE Signature, type-of printed name of registered agent and title if applicable.						
FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007 In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.						
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 #	P01000070396 COSTA DORADA ASSOCIATES	INC	STRE	ET ADDRESS	0520 NW 26 St STE. C.20,	
STREET ADDRESS	STREET ADDRESS 10520 NW 26TH STREET (SUITE C-201)			-ST-ZIP		
DOCUMENT #	MIAMI, FL 33172		<u> </u>		JoRal, 1-1. 33/72	
NAME			STRE	ET ADDRESS		
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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						
1 MW (24) 512 2(30)						
SIGNATURE: SIGNATURE: Dale Description Printed Name of SIGNING GENERAL PARTNER Dale Description Phone #						
Jose E. Cabanas						