


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A01000001062

1. Entity Name
EXECUTIVE MINI SUITES, LTD.



Principal Place of Business
555 S.W. 12TH AVENUE, SUITE 101
POMPANO BEACH, FL 33069

Mailing Address
555 S.W. 12TH AVENUE, SUITE 101
POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE



03212007 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-1132019

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDMAN, BRUCE J
2701 LE JEUNE ROAD, SUITE 101
POMPANO BEACH, FL 33134

DO NOT WRITE IN THIS SPACE

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	
DOCUMENT #	P01000076474
NAME	EXECUTIVE MINI SUITES, INC.
STREET ADDRESS	555 S.W. 12TH AVENUE, SUITE 101
CITY-ST-ZIP	POMPANO BEACH, FL 33069
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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U000000752671
 05/21/07-80024-018 500.00

STAPLE CHECK HERE

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

Date _____ Daytime Phone # _____