2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Feb 26, 2007 08:00 A Secretary of State

Due By May 1, 2007				Secretary of St	
DOCUMENT # A01000001702					<i>J</i>
1. Entity Nar	TIB AN REALTY, LTD.				
ROGEO					•
Principal Plac	ce of Business	Mailing Address			
901 N. FLAC		901 N. FLAGLER DRIVE			
WEST PALM	BEACH, FL 33401	WEST PALM BEACH, FL 3340	1		
,				!	
	O NOT WRITE	INI TUIC COA	re.	01252007 No Chg-LP	CR2E003 (12/06)
				4. FEI Number - 01-0674396	Applied For
					Not Applicable \$8.75 Additional
				5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current Re	gistered Agent			
ROSECAN, LAUREN R				DO NOT W	DITE
901 N FLAGLER DRIVE					国性的复数形式生活形式表现的工作 员
WEST PALM BEACH, FL 33401				IN THIS SP	ACE
8. The above	named entity submits this statement for th	e purpose of changing its register	red office or register		ride. Lam familiar with and accept
	tions of registered agent.	, a paragraph of control of the cont	or omeo of regions.	ou agoin, or boar, in the battle or her	Total Tarriornal Tries, and accept
SIGNATURE					
	Signature, typed or printed name of registered agent and t	itle if applicable,		63	DATE
	After May 1, 200	FEE IS \$500.00 7, Fee will be \$900.00		¥.	
	NOTE: General Partners MAY I	NOT be changed on the form		ERED AND ACTIVE WITH THI t must be filed to change a ge	
12.	GENERAL PARTNER IN	FORMATION			
NAME	ROSECAN REALTY MANAGEMEN	r, LLC			
STREET ADDRESS	901 N FLAGLER DRIVE				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401				Noracial Salah
DOCUMENT # NAME				03,07707-8	0053+016!500:00
STREET ADORESS		19 mg			
CITY-ST-ZIP					
DOCUMENT #					
NAME Street address				DO NOT WE	PITE
CITY-ST-ZIP				新的 19 1 19 1 19 1 19 1 19 1 19 1 19 1 19	海绵 化二乙基氯化 医二氏性 化电影 化氯化铁矿 医二乙甲基酚 经营销
DOCUMENT #				IN THIS SPA	CE
NAME CTREET ADDRECC					
STREET ADDRESS CITY+ST-ZIP		15 m 2 5 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2			《诗题》 《诗题》。
DOCUMENT #		학생 전 			
NAME					

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:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #

STREET ADDRESS

1/20/07 561-832-4411