


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 JUN -2 AM 8:33

<b>DOCUMENT # A02000000934</b> 1. Entity Name <b>BEACH CORNER, LTD.</b>	
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Principal Place of Business <b>1655 DREXEL AVE., STE. 208</b> <b>MIAMI BEACH, FL 33139</b>	Mailing Address <b>1655 DREXEL AVE., STE. 208</b> <b>MIAMI BEACH, FL 33139</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 800906</b> Suite, Apt. #, etc.
City & State	City & State <b>AVENTURA FL</b>
Zip      Country	Zip      Country <b>33280</b>



04172008      Chg-LP      CR2E003 (12/06)

4. FEI Number <b>51-0415739</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>WASERSTEIN, CARLOS</b> <b>1655 DREXEL AVE., STE. 212</b> <b>MIAMI BEACH, FL 33139</b>
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**800130451526**  
 05/30/08--01007--016      \*\*508.75

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #	P02000063839
NAME	SOUTH BEACH COMMERCIAL CORNER, INC.
STREET ADDRESS	1655 DREXEL AVE., STE. 208
CITY- ST- ZIP	MIAMI BEACH, FL 33139

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY- ST- ZIP	

**BLT**

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

**4/23/08**

Date      Daytime Phone #

STAPLE CHECK HERE