2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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1. Entity Name

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STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

THE ROWELL FAMILY LIMITED PARTNERSHIP



Principal Place of Business

220 ALHAMBRA CIRCLE, FIFTH FLOOR CORAL GABLES, FL 33134-5101

Mailing Address

220 ALHAMBRA CIRCLE, FIFTH FLOOR CORAL GABLES, FL 33134-5101



04112007 No Chg-LP

CR2E003 (12/06)

4.	FEI Number		Applied For
	77-0593733	_	Not Applicable
5.	Certificate of Status Desired	\$8.75 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

AXMAN, MICHAEL B 2601 SOUTH BAYSHORE DRIVE, SUITE 1600 MIAMI, FL 33133

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8. The above the obliga	e named entity submits this statement for the purpose of changing it tions of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of requisered agent and title if applicable.	DATE
		DATE
-	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$90	0.00
	A GENERAL PARTNER THAT IS A BUSINESS EI	TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. he form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P02000110196	
NAME	ROWELL FAMILY CORP.	
STREET ADDRESS	220 ALHAMBRA CIRCLE, FIFTH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 331345101	U00000712884
DOCUMENT #		U00000712884 04/26/07-90066-014 500.00
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14. I hereby certify that the information sapplied 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 empowership to execute this report as required by Chapter 620, Florida Statutes

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KW.HILL