2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 12, 2008

DOCUMENT # A03000000357

MIAMI PROPERTY GROUP, LTD.



FILED Jun 02, 2008 08:00 AM Secretary of State

Principal Place of Business

C/O THE COMMUNITY DEVELOPMENT TRUST 1350 BROADWAY, SUITE 700 NEW YORK, NY 10018

Mailing Address

C/O THE COMMUNITY DEVELOPMENT TRUST 1350 BROADWAY, SUITE 700 NEW YORK, NY 10018



05272008 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
03-0509177	 	Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Re	Additional guired

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its rions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE		and the second of the second o			
Sidian Sile	Signature, typed or printed name of registered agent and title if applicable (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	DATE DATE			
	FILE NOW!!! FEE IS \$500.00 Due by September 12, 2008	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				
DOCUMENT #	M04000001107				
NAME	CDT OPA LOCKA GP LLC	119 4 5 5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
STREET ADDRESS	1350 BROADWAY, STE. 700	U00000952459			
CITY-ST-ZIP	NEW YORK, NY 10018	06/04/08-80081-006 500.00			
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14. Thereby 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 contained 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:

STAPLE CHECK HERE

STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING GENERAL PARTNER