


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 02, 2007 08:00 A.**  
**Secretary of State**

**DOCUMENT # A03000000475**

1. Entity Name  
 MIAMI RESIDENCES HOLDCO, LTD.



Principal Place of Business      Mailing Address

140 INTRACOASTAL POINTE DRIVE, SUITE 410      140 INTRACOASTAL POINTE DRIVE, SUITE 410  
 JUPITER, FL 33477      JUPITER, FL 33477

**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-LP      CR2E003 (12/06)

4. FEI Number 03-0511897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEG CAPITAL G.P. I INC.  
 140 INTRACOASTAL POINTE DRIVE, SUITE 410  
 JUPITER, FL 33477

**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 #	F97000005105
NAME	DEG CAPITAL G.P. I INC.
STREET ADDRESS	140 INTRACOASTAL POINTE DRIVE, SUITE 410
CITY-ST-ZIP	JUPITER, FL 33477
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

1000000587304  
 04/10/07-80054-023 500.00

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: Laurence J. DeBorgo      3/28/07      561-745-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #