

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

**DOCUMENT # A03000000847**

1. Entity Name  
**TURAB GROUP, LTD.**



Principal Place of Business  
**1321 NORTHWEST 14TH STREET, SUITE 503B**  
**MIAMI, FL 33125**

Mailing Address  
**9360 SW 72ND STREET**  
**SUITE 257**  
**MIAMI, FL 33173**

2. Principal Place of Business - No P.O. Box #  
**9360 SW 72nd Street**

3. Mailing Address  
**9360 SW 72nd Street**

Suite, Apt. #, etc.  
**Suite 257**

Suite, Apt. #, etc.  
**Suite 257**

04282007 Chg-LP CR2E003 (12/06)

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**20-0045265**

Applied For  
 Not Applicable

Zip  
**33173**

Country  
**Miami-Dade**

Zip  
**33173**

Country  
**Miami-Dade**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

DATE

**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 # **P03000062665**  
 NAME **TURAB CORP.**  
 STREET ADDRESS **1321 NORTHWEST 14TH STREET, SUITE 503B**  
 CITY-ST-ZIP **MIAMI, FL 33125**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **8874 SW 112nd PL**  
 CITY-ST-ZIP **Miami, FL 33176**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS **800103606698**  
 CITY-ST-ZIP **05/31/07--01025--009 \*\*\$00.00**

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STREET ADDRESS  
 CITY-ST-ZIP

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:**

*Rita Abislaiman*

**Rita Abislaiman- Partner 04/23/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**FILED**

**2007 MAY 18 A 9 35**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



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