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

DOCUMENT # A0300001007  1. Entity Name EBB INVESTMENTS, LTD.			FILED
EDD INVESTMENTS	s, E1 <i>0</i> .		2007 APR 30 AM 10: 22
Principal Place of Business 1207 SOROLLA AVENUE CORAL GABLES, FL 33134	mailing Address 1207 SOROILLA AVENUE CORAL GABLES, FL 33134		SECRETARY OF STATE TALLAHASSEE, FLORIDA
DO NO	T WRITE IN THIS SPA	CE	01052007 No Chg-LP
			20-0034331 Not Applicable  5. Certificate of Status Desired See Required Fee Required
6. Name a	nd Address of Current Registered Agent		Fee Veduies
THOMSON, JOHN MESO: Mardenborry by Hard R 370 MINORGA AVENUE 305 South Gadsden Street ONE- CORAL GABLES, FL 33134 Tallahassee, FL 323-1			DO NOT WRITE IN THIS SPACE
		<u></u>	
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 acc the obligations of registered agent.  SIGNATURE  SIGNATURE  3 3 3 9 7			
Stpreaure, spread or present name of regulational agent and tote if approache.			
FILE NOWIII 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 filled to change a general partner.			
	GENERAL PARTNER INFORMATION  78 Pk (305) 443-5927  MANAGEMENT, INC.  LLA AVENUE		get a
CITY-ST-ZIP CORAL GAI	BLES, FL 33134		/
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP			000101854940 65/08/0701042013 **500.00
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DOCUMENT / NAME 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: SIGNATURE: SIGNATURE NO TYPED ON PRINTED NAME OF SIGNATURE (Date Proper 9 Department Proper 9 D			
The state of the s			