

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000001651

1. Entity Name
STRAWGATE INVESTMENTS, LTD.



Principal Place of Business
% THERRAL
10 EDGEWATER DRIVE, #11-F
CORAL GABLES, FL 33133

Mailing Address
% THERRAL BAISDEN PA
ONE S.E. 3RD AVENUE #2950
MIAMI, FL 33131



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232007

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

20-0460813

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FEUERMAN, JONATHAN ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVE., SUITE 2950
MIAMI, FL 33131

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P03000133457**
NAME **PAT STRAWGATE, INC.**
STREET ADDRESS **10 EDGEWATER DRIVE, #11-E**
CITY- ST- ZIP **CORAL GABLES, FL 33133**

STREET ADDRESS

CITY- ST- ZIP

U00000628471
02/16/07-80016-009 400.00

DOCUMENT #
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CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

U00000628471
02/16/07-80016-010 100.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

11/31/07 305-661-0492

STAPLE CHECK HERE