

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 18 P 3: 53

500.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03233

1. Entity Name
EVERGLADES LAKES MOBILE HOME COMMUNITY, LTD.



Principal Place of Business
**2900 S.W. 52ND AVE.
FT. LAUDERDALE, FL 33314**

Mailing Address
**2900 S.W. 52ND AVE.
FT. LAUDERDALE, FL 33314**



01252007 No Chg-LP CR2E003 (12/06)

4. FEI Number
59-1408382

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAAGENSON, ROGER D ESQ.
SUNTRUST CENTER, SUITE 860
515 E. LAS OLAS BOULEVARD
FT. LAUDERDALE, FL 33301**

**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 file 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 # **A97000000402**
NAME **COOPER & BLASS INVESTMENTS, LTD.**
STREET ADDRESS **2900 S.W. 52ND AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33314**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

900103591659
05/31/07--01007--014 **1650.00

**DO NOT WRITE
IN THIS SPACE**

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: **Doris Blass** (DORIS BLASS)

4/17/07

954-584-6215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE