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

STAPLE CHECK HERE

1. Entity Nam	0	# A0400000 RANDE LP, LTD.		07 MAY 2	LED 4 AM 9: 42 RY OF STATE				
Principal Place of Business 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441  Mailing Address 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441							RY OF STATE SEE, FLORIDA	5-111 <b>5</b> 5140 11-11	TË (1)19 HETEN EI ICEI
2. Principal Pl	lace of Busin	ess - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01292007	Chg-LP C	R2E003 (	12/06)
City & State			City & State			4. FEI Number	FOR 20-23191	47	Applied For Not Applicable
Zip		Country	Zip	Coun	try	5. Certificate of		Fee	<b>75</b> Additional Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
STOTZER, THEODORE A 321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441						P.O. Box Number is	s 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 the obligations of registered agent.									iar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and bite 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 #	P04000028257 MARINA GRANDE, INC.				ET ADDRESS				
STREET ADDRESS		LSBORO BLVD.		CITY.	-ST-ZIP	<del>600103703146</del> 06/01/0701017009 **\$08.75			
CITY-ST-ZIP  DOCUMENT #	DEERFIEL	D BEACH, FL 33441		-}-		06/01/	'U/U1U1 /~	-009	**\$08.75
NAME STREET ADDRESS				STRE	ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME					ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	5			CITY	-ST-ZIP				
DOCUMENT / NAME				STRE	ET ADDRESS				,
STREET ADDRESS CITY-ST-ZIP	1			CITY	-ST-ZIP				
DOCUMENT # NAME				STRE	ET ADDRESS				
STREET ADDRESS City-St-Zip				CITY	-St-ZIP				
DOCJIMENT #				STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	ST-ZIP				- ST-ZIP	Ø\$			
14. I hereby certify that the information supplied with this filling 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  BOCA MARINA GRANDE LP, LTD, BY: MARINA GRANDE, INC., its general partner									
SIGNATURE: By:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Threodore R. Stotzer, Vice President							arch 8, 2007	(954)	949-3480 Phone #