

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

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000000829**

1. Entity Name  
**CHOWDER BAY APARTMENT ASSOCIATES, LTD.**



Principal Place of Business  
**1215 SE 2ND AVE  
SUITE 201  
FT LAUDERDALE, FL 33316**

Mailing Address  
**1215 SE 2ND AVE  
SUITE 201  
FT LAUDERDALE, FL 33316**



01182007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-1172977**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COFFEY, KEVIN  
1215 SE 2ND AVENUE  
SUITE 201  
FORT LAUDERDALE, FL 33316**

**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

Signature, typed or printed name of registered agent and title if applicable

**000000671908**  
**03/28/07-80048-007 600.00**  
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 # **L04000037766**  
NAME **MRI CHOWDER BAY BP, LLC**  
STREET ADDRESS **1215 SE 2ND AVENUE, SUITE 201**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**1-17-07**

**954 525 9691**

STAPLE CHECK HERE