


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000000924</b>			
<b>1. Entity Name</b> BISCAYNE LOFTS, LTD.			
<b>Principal Place of Business</b> 18151 NE 31ST CT SUITE 1015 AVENTURA FL 33160		<b>Mailing Address</b> 18151 NE 31ST CT SUITE 1015 AVENTURA FL 33160	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  SUMBRE, JORGE 18151 NE 31ST CT. #1015 AVENTURA FL 33160		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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</b>			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable			
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	L03000011670	STREET ADDRESS	
NAME	PALEN DEVELOPMENT, L.L.C.	CITY- ST- ZIP	
STREET ADDRESS	18151 NE 31ST CT #1015		
CITY- ST- ZIP	AVENTURA FL 33160		
DOCUMENT #		STREET ADDRESS	U000000689999
NAME		CITY- ST- ZIP	04/11/07-80058-006 500.00
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STREET ADDRESS			
CITY- ST- ZIP			
<b>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</b>			
<b>SIGNATURE:</b>		<b>03-27-07 305 792 5247</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



1st MOORE CR2E003 (10/06)

4. FEI Number 20-1213170 Applied For Not Applicable

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

STAPLE CHECK HERE