

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001280

1. Entity Name
SHEFAOR TARRAGON, LLLP



Principal Place of Business
18851 N.E. 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180

Mailing Address
18851 N.E. 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180



01042007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1474360

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHEFAOR BH GP, LLC
18851 N.E. 29TH AVENUE, SUITE 1011
AVENTURA, FL 33180

**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.

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 # L06000060126
NAME SHEFAOR BH GP, LLC
STREET ADDRESS 18851 N.E. 29TH AVENUE, SUITE 1011
CITY-ST-ZIP AVENTURA, FL 33180

DOCUMENT # M06000003699
NAME PINNACLE LINCOLN POINTE MANAGEMENT, L.L.C.
STREET ADDRESS 6 MAIN STREET, SUITE 200
CITY-ST-ZIP CHATHAM, NJ 07928

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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300102533313
05/15/07--01043--014 **500.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(688) 04/02/07

(325) 935-0500

STAPLE CHECK HERE