

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


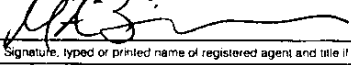
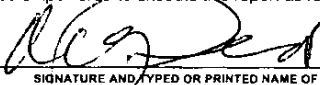
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2007 MAY 10 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082007 Chg-LP CR2E003 (12/06)

DOCUMENT # A04000001415					
1. Entity Name SMATHERS PLAZA ASSOCIATES, LTD.					
Principal Place of Business 7483 SW 24TH ST., SUITE 209 MIAMI, FL 33155			Mailing Address 7483 SW 24TH ST., SUITE 209 MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2499700	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE PEDRO-GONZALEZ, MARIA N 7483 S.W. 24TH STREET SUITE 209 MIAMI, FL 33155			Name Bierman, Mitchell		
			Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce de Leon Blvd.		
			Suite 700		
			City Miami		
			FL Zip Code 33134		
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 				04/27/2007	
Signature, typed or printed name of registered agent and title if applicable.				DATE	
<p>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</p>					
<p>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.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000124812		STREET ADDRESS		
NAME	SMATHERS PLAZA, INC.		CITY-ST-ZIP		
STREET ADDRESS	7483 SW 24TH ST., SUITE 209				
CITY-ST-ZIP	MIAMI, FL 33155				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: 				04/27/2007 3052673624	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE

30010272935
05/17/07 01039-008 **518.75