

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A04000001522

1. Entity Name
FLAGLER VILLAGE 6TH STREET, LTD.



Principal Place of Business
**2900 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065**

Mailing Address
**2900 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065**



02162007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1712635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERA ASSOCIATES, INC.
2900 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065**

**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 #	P05000041502
NAME	AMERA ASSOCIATES, INC.
STREET ADDRESS	2900 UNIVERSITY DRIVE
CITY - ST - ZIP	CORAL SPRINGS, FL 33065

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05/10/07-80044-004 508.75

**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

Amera Associates, Inc.

SIGNATURE: _____

George Rahael, President

4/15/07

954-753-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE