

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

500.00

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB -8 AM 10:43

DOCUMENT # A05000000397

1. Entity Name
 NEW DAWN COOPER CITY, LTD.



Principal Place of Business
 2601 SOUTH BAYSHORE DRIVE, SUITE 200
 COCONUT GROVE, FL 33133

Mailing Address
 2601 SOUTH BAYSHORE DRIVE, SUITE 200
 COCONUT GROVE, FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-LP CR2E003 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIELDSTONE, RONALD R
 201 ALHAMBRA CIRCLE, SUITE 601
 CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006, 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

13. ADDRESS CHANGES ONLY

DOCUMENT # L04000029425
 NAME NEW DAWN COOPER CITY, LLC
 STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 200
 CITY-ST-ZIP COCONUT GROVE, FL 33133

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

600065868166

02/15/06--01006--025 **550.00

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

1-11-06

305-857-0400

Date

Daytime Phone #

STAPLE CHECK HERE