


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A05000000397</b> 1. Entity Name NEW DAWN COOPER CITY, LTD.	
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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
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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

<b>6. Name and Address of Current Registered Agent</b>  FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	L04000029425	STREET ADDRESS	
NAME	NEW DAWN COOPER CITY, LLC	CITY - ST - ZIP	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE, SUITE 200		
CITY - ST - ZIP	COCONUT GROVE, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: Jack Keyhan 2-3-07 305-857-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**FILED**

2007 APR 30 AM 11:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01262007 Chg-LP CR2E003 (12/06)

4. FEI Number  
 APPLIED FOR

Applied For  
 Not Applicable

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

STAPLE CHECK HERE