


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

DOCUMENT # A05000001017 1. Entity Name LUCY STREET SHOPS, LTD., LLLP	
---	---

FILED

07 MAY 18 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134	Mailing Address 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01232007 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR 20-2940518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H ESQ. 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent 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 _____ 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 #	L05000021861	STREET ADDRESS	100103628371
NAME	LUCY STREET SHOPS, LLC	CITY-ST-ZIP	05/31/07-01048-025 **500.00
STREET ADDRESS	901 PONCE DE LEON BLVD., SUITE 603		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: L. Henao Date: 4/27/07 (305) 444-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #