


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

**FILED**

2007 APR 30 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A05000001059	
1. Entity Name FP LAND, LTD.	

Principal Place of Business 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432	Mailing Address 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # <i>One Financial Plaza</i>	3. Mailing Address <i>One Financial Plaza</i>
Suite, Apt. #, etc. <i>Suite 102</i>	Suite, Apt. #, etc. <i>Suite 102</i>
City & State <i>Ft. Lauderdale FL</i>	City & State <i>Ft. Lauderdale FL</i>
Zip <i>33394</i>	Country <i>USA</i>



03062007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2944720	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DOUGLAS, STEPHEN M 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432
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7. Name and Address of New Registered Agent Name <i>Douglas, Stephen M</i> Street Address (P.O. Box Number is Not Acceptable) <i>One Financial Plaza</i> City <i>Suite 102</i> City <i>Ft. Lauderdale FL</i> Zip Code <i>33394</i>
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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 *[Signature]* DATE *4-17-07*

**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 #	L05000052472	STREET ADDRESS	<i>One Financial Plaza, Suite 102</i>
NAME	FP LAND, LLC	CITY-ST-ZIP	<i>Ft. Lauderdale FL 33394</i>
STREET ADDRESS	120 E. PALMETTO PARK ROAD, SUITE 410		
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: *[Signature]* DATE *4-17-07* (954) 616-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE