2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED

Zip Country Zip Country 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 7. Name and Address of New Registered Agent 8. Name 8. Name 8. Lori R. Hartglass 8. Street Address (P.O. Box Number is Not Acceptable) AVENTURA, FL 33180 Support Street Agent 8. Street Address (P.O. Box Number is Not Acceptable) Suite 400, Attn. Legal Dept. City Aventura FL Zip 30 80 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 Rorida. Lam familiar with, and acceptable 1. Signature System of premish agent and readdress 8. DATE FILL NOWILL Fee List \$5500.00 A GENERAL PARTINER 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 PARTINER 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 PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DISCASS SIRELE ADDRESS CITY-ST-2P DOCUMENT / NAME SIRELE ADDRESS CI	, 	Due by W	iay 1, 2007			•				
19501 BISCAYNE BLVD, STE. 400 AVENTURA, FL. 33180 2. Principal Place of Business - No P.O. Box # 3. Melling Address Suite, Apl. #, etc. Suite, Apl. #, etc. O3212007 Chg-LP CR2E003 (12/06) City & State 4. FE! Number 20-2952846 Applied For No Applied For Part Applied	1. Entity Name TURNBERRY/DORAL DEVELOPMENT, LIMITED									
19501 BISCAYNE BLVD, STE. 400 AVENTURA, FL. 33180 2. Principal Place of Business - No P.O. Box # 3. Maling Address Suite, Apt. #, etc.	Principal Place of Busines		Mailing Address							
Suite, Apri, #, etc. Suite, Apri, #, etc. Suite, Apri, #, etc. O3212007 Chg-LP CR26003 (12/06)	19501 BISCAYNE BLVD., STE. 400 19501 BISCAYNE BLVD				100					
City & State Ci	2. Principal Place of Busi	3. Mailing Address								
Zip Country Zip Country S. Certificate of Status Desired S. S. 75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required 8. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 19501 BISCAYNE BLVD. STE. 400 AVENTURA, FL 33180 Storet Address (P.O. Box Number is Not Acceptable) 19501 BISCAYNE BLVD. STE. 400 AVENTURA, FL 33180 Suite 400, Attn. Legal Dept. City Aventura FL Zip 3060 per Number is Not Acceptable) 19501 BISCAYNE BLVD. Suite 400, Attn. Legal Dept. City Aventura FL Dept. Signature 50 period veries of represent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of pigistered agent. Signature 50 period veries of represent agent are set acceptable. ACCEPT Aventura FL Dept. Signature 50 period veries of represent agent are set acceptable. ACCEPT Aventura FL Dept. Signature 50 period veries of represent agent are set acceptable. DATE FILE NOWIII FEE IS \$500.00 A GENERAL PARTINER 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 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 513. ADDRESS CHANGES ONLY SIREEL ADDRESS SIREEL ADDRESS CITY-ST-2P 05/22/17 - 01035 - 0.21 ** 4550 . 0.0 OCCUMENT / MAKE SIREEL ADDRESS CITY-ST-2P 07/22/17 - 01035 - 0.21 ** 4550 . 0.0 OCCUMENT / MAKE SIREEL ADDRESS CITY-ST-2P 07/22/17 - 01035 - 0.21 ** 4550 . 0.0 OCCUMENT / MAKE SIREEL ADDRESS CITY-ST-2P 07/22/17 - 01035 - 0.21 ** 4550 . 0.0 OCCUMENT / MAKE SIREEL ADDRESS CITY-ST-2P 07/22/17 - 0.0 OCCUMENT / MAKE SIREEL ADDRESS CITY-ST-2P 07/22/17 - 0.0 OCCUMENT / MAKE	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212007	Chg-LP	CR2E003	(12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name Name Lori R. Hartglass 19501 BISCAYNE BLVD, STE. 400 AVENTURA, FL 33180 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 Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of Florids. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florids. I am familiar with, and acceptable of Florids. I am familiar with, and acceptable of Florids. I am familiar with, and acceptable of Florid	City & State		City & State						Applied For Not Applicable	
BERNSTEIN, KENNETH R 19501 BISCAYNE BLVD., STE. 400 AVENTURA, FL 33180 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 Plotida. I am familiar with, and accent the obligations of prises named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plotida. I am familiar with, and accent the obligations of prises named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Plotida. I am familiar with, and accent the obligations of prises named agent and the if address. SIGNATURE FILE NOWITI FEE IS \$500.00 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / MANE SIREET ADDRESS OTY: ST-2P	Zip Country							Fee	Required	
BERNSTEIN, KENNETH R 19501 BISCAYNE BLVD., STE. 400 AVENTURA, FL 33180 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 Plotida. I am familiar with, and access the obligations of registered agent. SIGNATURE Signature. Typed or printed name of inspirated apen at the statement for the purpose of changing its registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registered agent, or both, in the State of Plotida. I am familiar with, and access the obligations of registe	6. Name	and Address of Current	t Registered Agent		. Norma	<u> </u>				
AVENTURA, FL 33180 Street Address, (P O. Box Number is Not Acceptable) Suite 400, Attn. Legal Dept. City Aventura FL Zip_33180 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plotida. I am familiar with, and accent the obligations of registered agent. SIGNATURE Signature speed or printed rume of inguitees agent and time if addition. FILE NOWIII FEE IS \$500.00 After May 1, 2007, Fee will be \$500.00 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 DOUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOUMENT / NAME SIREET ADDRESS CIT	DEDNIGTEIN VENN	IETH D			Lor	i R. Hart	glass			
Suite 400, Attn. Legal Dept. City Aventura FL Zip 23480 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent. Signature speed or protect name of registered agent and live it above to the obligations of registered agent. Signature speed or protect name of registered agent. SIGNATURE FILE NOW!!! FEE IS \$500.00 AGENERAL 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 / INVEST-2P DOC	19501 BISCAYNE BLVD., STE. 400									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelled the obligations of polistered agent. SIGNATURE FILE NOWITH: Signature, typed or premish name of ingritated agent and late if applicable. AGENERAL 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCU					Sui	te 400, A	Attn. Lega	1 Dept.		
the obligations of registered agent. SIGNATURE Signature. Speakure. Speakure. Speakure. Speakure apert and size if applicable. A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME SIREET ADDRESS CITY-ST-2IP CITY-ST-2IP DOCUMENT / NAME SIREET ADDRESS CITY-ST-2IP					Avei	10.1				
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 / NAME SIREET ADDRESS CITY-ST-ZIP	the obligations of regis	stered agent.	melin	is registere	ed office or register	ed agent, or both	n, in the State of Flo		iliar with, and accept	
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 / NAME SIREEI ADDRESS CITY-S1-2IP DOCUMENT / NAME SIREET ADDRESS CITY-S1-2IP DOCUMENT / NAME SIREET ADDRESS CITY-S1-2IP DOCUMENT / NAME SIREET ADDRESS CITY-S1-2IP	Signature, types	d or printed name of registered agen	it and little if applicable.				T	DATE		
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 / NAME SIREET ADDRESS CITY-ST-ZIP		After May 1,	2007, Fee will be \$90		····-					
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY									••	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP						it mast be me				
CITY-ST-ZIP AVENTURA, FL 33180 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT / L05000054954			STRE	ET ADDRESS					
NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / SIREET ADDRESS CITY-ST-ZIP		400	CITY	-ST-ZIP	05,722	/0701039	5021	** 5 50.00		
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	1 1			STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # CITY-ST-ZIP	1 1			CITY	-S1-ZiP					
CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO	NAME			STRE	ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP COCUMENT 4	CITY-SI-ZIP			CITY	-ST-ZIP					
CITY-ST-ZIP COCUMENT 4	NAME			STRE	ET ADDRESS					
	CITY-ST-ZIP			CITY	- ST- ZIP					
										
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	CITY-ST-ZIP DOCUMENT			-						
STREET ADDRESS CITY-51-7IP	STREET ADDRESS									
14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic 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 partnersh	14. I hereby certify that t	ort is true and accurate an	d that my signature shall have	for the exe	remptions containe e legal effect as if n	ed in Chapter 119	9, Florida Statutes. ; that I am a Gener	I further certify al Partner of th	that the information to limited partnership	
or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	or the receiver or trus	stee empowered to execut	e this report as required by C	hapter 62	0, Florida Statutes					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Desprise Phone #	SIGNATURE:	SIGNATURE AUGITMEN	TO POINTER NAME OF SIGNING OFFIC	PAI PARTNE	:Q			Davido	me Phone #	