


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

FILED

07 MAY 17 PM 12:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # A05000001113</b> 1. Entity Name TURNBERRY/DORAL DEVELOPMENT, LIMITED PARTNERSHIP					
Principal Place of Business 19501 BISCAYNE BLVD., STE. 400 AVENTURA, FL 33180			Mailing Address 19501 BISCAYNE BLVD., STE. 400 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-2952846				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 BERNSTEIN, KENNETH R 19501 BISCAYNE BLVD., STE. 400 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name: Lori R. Hartglass Street Address (P.O. Box Number is Not Acceptable): 19501 Biscayne Blvd. Suite 400, Attn. Legal Dept. City: Aventura FL Zip Code: 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Lori R. Hartglass</u> DATE: _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L05000054954		STREET ADDRESS		
NAME	TURNBERRY/DORAL GP, LLC		CITY-ST-ZIP		
STREET ADDRESS	19501 BISCAYNE BLVD., STE. 400		500103028645 05/22/07--01035--021 **\$50.00		
CITY-ST-ZIP	AVENTURA, FL 33180		STREET ADDRESS		
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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

Date

Daytime Phone #

4-23-07