

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

**FILED**

2007 APR 25 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02162007 Chg-LP CR2E003 (12/06)

4. FEI Number **74-3148443** Applied For ☐ Not Applicable ☒

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

<b>DOCUMENT # A05000001295</b>			
1. Entity Name <b>ROCKAWAY BEACH PEEBLES FAMILY LTD.</b>			
Principal Place of Business <b>550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134</b>		Mailing Address <b>550 BILTMORE WAY, SUITE 970 CORAL GABLES, FL 33134</b>	
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

6. Name and Address of Current Registered Agent  <b>HOFFMAN, STUART K ESQ. % HUNTON &amp; WILLIAMS, LLP 1111 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>MAW AGENTS, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2101 CORPORATE BLVD #107</b> City <b>BOCA RATON</b> FL Zip Code <b>33431</b>	
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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]* **DONALD R. TESCHER, PRESIDENT** 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 #	NAME	STREET ADDRESS	
	PEEBLES, R. DONAHUE		
STREET ADDRESS	550 BILTMORE WAY, SUITE 970	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES, FL 33134		
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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]* **JUDITH GASKELL** **DESIGNATED REP** **4112107**  
**(305) 442-4342**

STAPLE CHECK HERE