

**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

DOCUMENT # A05000001295  
 1. Entity Name  
 ROCKAWAY BEACH PEBBLES FAMILY LTD.



Principal Place of Business Mailing Address  
 550 BILTMORE WAY, SUITE 970 550 BILTMORE WAY, SUITE 970  
 CORAL GABLES, FL 33134 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 Zip Country

6. Name and Address of Current Registered Agent  
 HOFFMAN, STUART K ESQ.  
 % HUNTON & WILLIAMS, LLP  
 1111 BRICKELL AVENUE, SUITE 2500  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent  
 Name **M+W AGENTS, INC**  
 Street Address (P.O. Box Number is Not Acceptable) **2101 CORPORATE BLVD #107**  
 City **BOCA RATON** FL Zip Code **33431**

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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CITY-ST-ZIP			

**400101237234**  
**05/02/07--01052--010 \*\*500.00**

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: *[Signature]* **JUOKA GASKELL** **DESIGNATED REP** DATE **4/12/07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER (305) 442-4342 DATE  
 Davittie Phone #