

2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006

DOCUMENT # A05000001587

1. Entity Name  
SEVILLA BUILDING, LTD.



Principal Place of Business  
355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES, FL 33134

Mailing Address  
355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006

Chg-LP

CR2E003 (11/05)

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

COBB, KOLLEEN  
355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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 # P05000111270  
NAME SEVILLA BUILDING, INC.  
STREET ADDRESS 355 ALHAMBRA CIRCLE, SUITE 900  
CITY-ST-ZIP CORAL GABLES, FL 33134

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 626, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kolleen O.P. Cobb

Vice President

4/28/06

305.520.2300

Date

Daytime Phone #

FILED

06 MAY -1 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



STAPLE CHECK HERE