2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:38

DOCUMENT # A05000001756

1. Entity Name
KOPALI COMMUNITIES, LTD.

Principal Place of Business	Mailing Address
13225 BISCAYNE ISLAND TERRACE NORTH MIAMI, FL 33181	13225 BISCAYNE ISLAND TERRACE NORTH MIAMI, FL 33181

01112008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8101 Biscayne Blvd.	8101 Biscayne Blvd.
Suite, Apt. #, etc. #609	Suite, Apt. #, etc. #609
City & State Miami, FL	City & State Miami, FL
Zip 33138 Country United states	Zip 33138 Country United states

4. FEI Number
20-3485056
☐ 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
BROOKS, NORMAN 13225 BISCAYNE ISLAND TERRACE NORTH MIAMI, FL 33181	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 _____ DATE 1-5-08
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $~~600.00~~ ~~8101 Biscayne Blvd.~~

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 #	L05000048227	STREET ADDRESS	8101 Biscayne Blvd.Unit 609
NAME	KOPALI LAND PARTNERS LLC	CITY-ST-ZIP	Miami, FL 33138
STREET ADDRESS	13225 BISCAYNE ISLAND TERRACE		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700121246197
NAME		CITY-ST-ZIP	03/26/08--01002--001 **500.00
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: _____ 1-11-08 305.751.7341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #