2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A05000001905

1. Entity Name EK NIAGARA, LLLP



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2-A MIAMI, FL 33133

2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2-4 MIAMI, FL 33133



DO NOT WRITE IN THIS SPACE

04262007 No Chg-LP CR2E003 (12/06)

4. FEI Number
20-3622852 Applied For
Not Applied For
Not Applied For
Not Applied For
Repaired
Fee Required

5. Name and Address of Current Registered Agent

KATZ, EZRA 2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2-A MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent.	the State of Florida. I am familiar with, and accept
SIGNATURE	
Signature, typed or printed name of registered agent and bitle if applicable	DATE

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.

GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME KATZ, EZRA STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2-A CITY-ST-ZIP MIAMI, FL 33133 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # CHECK STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

U00000746562 05/16/07-80073-021 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TIPES OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/07

(305) 938-8627

Daytime Prion