

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

**FILED**

2007 MAR 22 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02092007 Chg-LP CR2E003 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**DOCUMENT # A05000001936**

1. Entity Name  
**STEIER VENTURES, LTD.**



Principal Place of Business  
**601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI, FL 33131**

Mailing Address  
**601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #  
**2525 PONCE DE LEON BLVD**

3. Mailing Address  
**2525 PONCE DE LEON BLVD**

Suite, Apt. #, etc.  
**SUITE 650**

Suite, Apt. #, etc.  
**SUITE 650**

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLES, FL**

Zip  
**33134**

Country  
**MIAMI-DADE**

Zip  
**33134**

Country  
**MIAMI-DADE**

6. Name and Address of Current Registered Agent

**DE LA PENA GROUP, P.A.  
601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**ARTHUR A. STEIER**

Street Address (P.O. Box Number is Not Acceptable)  
**2525 PONCE DE LEON BLVD**

**SUITE 650**

City  
**CORAL GABLES**

FL

Zip Code  
**33134**

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

**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 #	<b>L05000100252</b>	STREET ADDRESS	<b>2525 PONCE DE LEON BLVD</b>
NAME	<b>STEIER VENTURES (G.P.), LLC</b>		<b>SUITE 650</b>
STREET ADDRESS	<b>601 BRICKELL KEY DRIVE, SUITE 705</b>	CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>		
DOCUMENT #		STREET ADDRESS	
NAME			
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE