

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000002037

1. Entity Name
SIDONIA DEVELOPERS LIMITED PARTNERSHIP



SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB 24 AM 10:32

Principal Place of Business
 2100 NW 99TH AVENUE
 MIAMI, FL 33172

Mailing Address
 2100 NW 99TH AVENUE
 MIAMI, FL 33172

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01192006 Chg-LP CR2E003 (11/05)

4. FEI Number **20-3778581** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LARA, RICARDO
 2100 NW 99TH AVENUE
 MIAMI, FL 33172

7. Name and Address of New Registered Agent

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 # **L03000015858**
 NAME **SEVEN LAND LLC**
 STREET ADDRESS **2100 NW 99TH AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33172**

STREET ADDRESS

CITY-ST-ZIP

100067190081
~~03/07/06 01007 020 **500.00~~

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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

2/7/2006 (305) 500-9976

Date

Daytime Phone #

STAPLE CHECK HERE