


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000002037		
1. Entity Name SIDONIA DEVELOPERS LIMITED PARTNERSHIP		

FILED

2007 APR 23 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122007 Chg-LP CR2E003 (12/06)

Principal Place of Business 2100 NW 99TH AVENUE MIAMI, FL 33172	Mailing Address 2100 NW 99TH AVENUE MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box # 1986 NW 82 ND AVE Suite, Apt. #, etc.	3. Mailing Address 1986 NW 82 ND AVE Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 20-3778581	Applied For Not Applicable
Zip 33126	Country USA	Zip 33126	Country USA

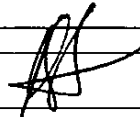
6. Name and Address of Current Registered Agent PACANINS, CARLOS LUIS 4117 PALM AIRE DRIVE WEST, UNIT B3 POMPANO BEACH, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 # NAME STREET ADDRESS CITY-ST-ZIP	L03000015858 SEVEN LAND LLC 2100 NW 99TH AVENUE MIAMI, FL 33172	STREET ADDRESS CITY-ST-ZIP	 900101353009 05/03/07--01017--024 **500.00
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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

4/17/07 (305) 594-7644
Date Daytime Phone #

STAPLE CHECK HERE