


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

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A05000002090</b><br>1. Entity Name<br>AMERA FINANCIAL PLAZA, LTD. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>2900 UNIVERSITY DRIVE<br>CORAL SPRINGS, FL 33065 | Mailing Address<br>2900 UNIVERSITY DRIVE<br>CORAL SPRINGS, FL 33065 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02162007 No Chg-LP CR2E003 (12/06)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>20-3971020   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>AMERA FP, INC.<br>2900 UNIVERSITY DRIVE<br>CORAL SPRINGS, FL 33065 |
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**DO NOT WRITE IN THIS SPACE**

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 |                         |
|---------------------------------|-------------------------|
| DOCUMENT #                      | P05000165177            |
| NAME                            | AMERA FP, INC.          |
| STREET ADDRESS                  | 2900 UNIVERSITY DRIVE   |
| CITY-ST-ZIP                     | CORAL SPRINGS, FL 33065 |
| DOCUMENT #                      |                         |
| NAME                            |                         |
| STREET ADDRESS                  |                         |
| CITY-ST-ZIP                     |                         |
| DOCUMENT #                      |                         |
| NAME                            |                         |
| STREET ADDRESS                  |                         |
| CITY-ST-ZIP                     |                         |
| DOCUMENT #                      |                         |
| NAME                            |                         |
| STREET ADDRESS                  |                         |
| CITY-ST-ZIP                     |                         |
| DOCUMENT #                      |                         |
| NAME                            |                         |
| STREET ADDRESS                  |                         |
| CITY-ST-ZIP                     |                         |

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05/10/07-80044-014 508.75

**DO NOT WRITE IN THIS SPACE**

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

Amara FP, Inc.  
**SIGNATURE:**  **George Rahael, President** 4/15/07 954-753-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE