


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A06000000240			
1. Entity Name NORTHEAST 9TH AVENUE DEVELOPEMENT PARTNERS, LTD.			
Principal Place of Business 1928 THATCH PALM DRIVE BOCA RATON FL 33432		Mailing Address 1928 THATCH PALM DRIVE BOCA RATON FL 33432	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2007 APR -5 AM 9:44



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent NORTHEAST 9TH STREET DEVELOPMENT PARTNERS, 1928 THATCH PALM DRIVE BOCA RATON FL 33432		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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	P06000013279 NORTHEAST 9TH STREET DEVELOPMENT PARTNERS, 1928 THATCH PALM DRIVE BOCA RATON FL 33432	STREET ADDRESS CITY - ST - ZIP	700096499747 04/11/07--01035--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: *Dr. Barry A. Letiman* **DR. BARRY A. LETIMAN** 3/22/07 (561) 866-6142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE