

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 19 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01312007 Chg-LP CR2E003 (12/06)

DOCUMENT # A06000000271	
1. Entity Name TRAILS END PLAZA, LLLP	



Principal Place of Business 14378 N. MILITARY TRAIL DELRAY BEACH, FL 33484	Mailing Address 14378 N. MILITARY TRAIL DELRAY BEACH, FL 33484
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 55-0916338	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PALERMO, JOE 14378 N. MILITARY TRAIL DELRAY BEACH, FL 33484	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	P06000023158 TRAILS END MANAGER, INC 14378 N. MILITARY TRAIL DELRAY BEACH, FL 33484	STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

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

✓ 3/14/07 561-496-0810
Date Daytime Phone #