

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 23 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000000296

1. Entity Name
SQUARETOP RANCH LAND, LIMITED PARTNERSHIP



Principal Place of Business
**631 U.S. HIGHWAY ONE, SUITE 406
NORTH PALM BEACH, FL 33408**

Mailing Address
**631 U.S. HIGHWAY ONE, SUITE 406
NORTH PALM BEACH, FL 33408**



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

01232007 Chg-LP CR2E003 (12/06)

4. FEI Number
20-4730286

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMOUR, ALAN I II
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401**

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, 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 # **L06000010716**
NAME **MH COLORADO, LLC**
STREET ADDRESS **631 U.S. HIGHWAY ONE, SUITE 406**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

STREET ADDRESS

CITY-ST-ZIP

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800101348588
05/03/07 01013 007 **500.00

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

WALTER S. MACKAY, JR.
4/4/07
561-848-8760

Date

Daytime Phone #

STAPLE CHECK HERE