


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

DOCUMENT # A06000000656 1. Entity Name PROMENADE TAMPA NADLAN, LP	
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Principal Place of Business 7284 W. PALMETTO PARK ROAD, SUITE 106 BOCA RATON FL 33433	Mailing Address 7284 W. PALMETTO PARK ROAD, SUITE 106 BOCA RATON FL 33433
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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FILED

2007 APR 30 AM 9:23

SECRETARY OF STATE

1st MOORE CR2E003 (10/06)

4. FEI Number
20-8856307

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DANIEL A. KASKEL, P.A.
7284 W. PALMETTO PARK ROAD, SUITE 106
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L06000021539 PROMENADE TAMPA PALMS, LLC 7284 W. PALMETTO PARK ROAD, SUITE 106 BOCA RATON FL 33433
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13. ADDRESS CHANGES ONLY

STREET ADDRESS CITY - ST - ZIP	000102360240 05/15/07--01005--005 **\$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:  **4/17/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE