

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000786

1. Entity Name
A & H 901 PONCE LTD., LLLP



Principal Place of Business
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33313-4

Mailing Address
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33313-4

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

01292007 Chg-LP CR2E003 (12/06)

4. FEI Number

20-5072726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

William H. Alborno, P.A.

Street Address

901 Ponce de Leon Blvd.

City

Suite 603
CORAL GABLES

FL

Zip Code

33134

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

William H. Alborno

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

DOCUMENT # L06000057530
NAME A & H 901 GP, LLC
STREET ADDRESS 901 PONCE DE LEON BLVD., SUITE 603
CITY - ST - ZIP CORAL GABLES, FL 333134

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
200104434072
06/15/07--01060--011 **\$500.00

DOCUMENT #
NAME
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CITY - ST - ZIP

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:

William H. Alborno AS GENERAL PARTNER
4/27/07 (305) 444-1741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

* OF A+H 901 GP, LLC, its General Partner

STAPLE CHECK HERE

FILED
07 JUN 13 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

