

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 25 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A06000001331	
1. Entity Name BAYBROOK II ACQUISITION, LTD.	

Principal Place of Business % WHITE & CASE LLP 200 S. BISCAYNE BLVD., STE 4900 MIAMI, FL 33131	Mailing Address % NEWPORT PROPERTY VENTURES LTD. 3211 PONCE DE LEON BLVD., STE. 202 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03202007 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LEVENSON, FREDERIC % WHITE & CASE LLP 200 S. BISCAYNE BLVD., STE 4900 MIAMI, FL 33131	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 #	L06000110289	STREET ADDRESS	
NAME	BAYBROOK, LLC	CITY - ST - ZIP	
STREET ADDRESS	3211 PONCE DE LEON BLVD., STE. 202		
CITY - ST - ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	400101235584
NAME		CITY - ST - ZIP	05/02/07--01052--002 **500.00
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STREET ADDRESS			
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

*Constantine Sluris* 4.16.07 305.446.0010