

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

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A07557**

1. Entity Name

MIAMI CENTER LIMITED PARTNERSHIP



Principal Place of Business

Mailing Address

ECHO HILL  
PO BOX 5564  
CHARLOTTESVILLE VA 22905

ECHO HILL  
PO BOX 5564  
CHARLOTTESVILLE VA 22905



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E003 (10/06)

City & State

City & State

4. FEI Number

52-1167858

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AGENTS AND CORPORATIONS, INC.  
773 4TH AVENUE NORTH, SUITE E  
NAPLES FL 34102

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. \*\*\* 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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
GOULD, THEODORE B.  
1510 ECHO HILL FARM LANE  
CHARLOTTESVILLE VA 22901

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

U00000694611  
04/17/07-80026-013 500.00

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STREET ADDRESS

CITY-STATE-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:**

*Theodore B. Gould* (THEODORE B. GOULD)

April 01, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE