


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 23 AM 9:21

DOCUMENT # A07724

1. Entity Name
 BYRON FLAGLER, LTD.



Principal Place of Business % BORIS ROSEN 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131	Mailing Address % BORIS ROSEN 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 1001 BRICKELL BAY DRIVE	3. Mailing Address 1001 BRICKELL BAY DRIVE
Suite, Apt. #, etc. 1400	Suite, Apt. #, etc. 1400

City & State MIAMI, FL	City & State MIAMI, FL
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Zip 33131	Country USA	Zip 33131	Country USA
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01032007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-1931343	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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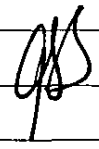
6. Name and Address of Current Registered Agent MARBIN, EVAN R 48 E FLAGLER STREET PH-104 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity 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 # NAME STREET ADDRESS CITY-ST-ZIP	KOZOLCHYK, BENNY 2250 NE 122 STREET N MIAMI, FL 33181	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROK, SERGIO 48 EAST FLAGLER STREET PH-105 MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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:  **BENNY KOZOLCHYK** Date: **1/20/07** Daytime Phone #: **3053731493**