2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DÚE BÝ MAY 1, 2007

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SIGNATURE:

FILED DOCUMENT # A11744 Mar 19, 2007 08:00 AM **Secretary of State** COURY INVESTMENTS, LIMITED Principal Place of Business Mailing Address 20458 OLD CUTLER ROAD MIAMI FL 33189 P.O. BOX 143914 CORAL GABLES FL 33114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied For 59-2173486 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MULLER, CHARLES E II Street Address (P.O. Box Number is Not Acceptable) 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173 Zip Code FL 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. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME COURY, AMELI STRUCT ADDRESS 20458 OLD CUTLER ROAD CHY-ST-ZIP CIJY - SI - ZIP MIAMI FL 33189 DOCUMENT # SIREET ADDRESS NAME. BELL, MARY ANN STREET ADDRESS U00000672926 20458 OLD CUTLER ROAD CITY-ST-7IP <u>/29/07-80008-019</u> 508.75 CHY-S1-ZIP MIAMI FL 33189 DOCUMENT # STREET ADDRESS NAMC LAWRENCE, PATRICIA C STREET ADDRESS 20458 OLD CUTLER ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33189 DOCUMENT # STREET ADDRESS NAMI' STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am a General Partner of the limited partnership or the receiver or trusteg empowered to execute this report as required by Chapter 620, Florida Statutes