2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING GENERAL PARTNER

FILED Apr 27, 2007 08:00 A Secretary of State

			, secretary of Sta
1. Entity Nan	MENT # A17405 DRE GARDENS LTD.		
Principal Place of Business Mailing Address 12725 S.W. 122ND AVENUE 12725 S.W. 122 AVE MIAMI, FL 33186 MIAMI, FL 33186			
DO NOT WRITE IN THIS SPACE			04262007 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For S9-2480157 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BERRY, MICHAEL 6900 STATE PARK RD. 84 DAVIE, FL 33317			DO NOT WRITE IN THIS SPACE
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 tide if applicable. DATE			
FILE NOWILL 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.			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME	GENERAL PARTNER INFORMATION G10998 DEUX MICHEL, INC. 12725 S.W. 122ND AVENUE MIAMI, FL		U00000739111 05/14/07-80012-006 500.00
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		:	DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-S1-ZIP			IN THIS SPACE
DOCUMENT ANAME STREET ADDRESS CITY-ST-ZIP			•
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filling 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			

Date

Daytime Phone #