

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:08

DOCUMENT # A20988

1. Entity Name
CHAPEL TRAIL ASSOCIATES, LTD.



Principal Place of Business
**21011 JOHNSON STREET
SUITE 101
PEMBROKE PINES, FL 33029**

Mailing Address
**21011 JOHNSON STREET
SUITE 101
PEMBROKE PINES, FL 33029**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

59-2565394

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

**KOENIG, PAUL
21011 JOHNSON STREET, SUITE 101
PEMBROKE PINES, FL 33029**

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 \$500.00
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 # **A11492**
NAME **CHAPEL TRAIL, LTD.**
STREET ADDRESS **9000 SHERIDAN ST. #130**
CITY-ST-ZIP **PEMBROKE PINES, FL**

STREET ADDRESS **21011 Johnson St. #101**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

DOCUMENT #
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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 #

Chapel Trail, Ltd
by SAK Corp

1/25/07 954-436-9008

Michael A. Koenig, VP
IT's General Partner

STAPLE CHECK HERE