2007 LIMITED PARTNERSHIP ANNUAL REPORT **FILED** Apr 27, 2007 08:00 AM Secretary of State **Due By May 1, 2007 DOCUMENT # A21540** 1. Entity Name PALM HARBOR SHOPS, LTD. Principal Place of Business Mailing Address 5446 NORTH BAY ROAD P.O. BOX 402097 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 04232007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2584302 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GLOTTMANN, JACK DO NOT WRITE 5446 NORTH BAY RD. MIAMI BEACH, FL 33140

Applied For

Not Applicable

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1011,12 00140	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 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	H78526 PALM HARBOR SHOPS, INC. 5446 NORTH BAY ROAD MIAMI BEACH, FL 33140	U00000739384
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		05/14/07-80025-007 500.00
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		

14. Thereby 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 becaute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER