2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DO NOT WRITE IN THIS SPACE

DOCUMENT # A21669

1. Entity Name 330 BISCAYNE, LTD.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134

Mailing Address

121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134



01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2632351

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

| RENTZ, R. LARRY 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134 | | 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 ———————————————————————————————————— | | | DATE |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0 | 0 | |
| 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 # | L72591 | | |
| NAME | 330 BISCAYNE REALTY, INC. | | • |
| STREET ADDRESS | 121 ALHAMBRA PLAZA, PH I, SUITE 1600 | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | ; |
| DOCUMENT / NAME STREET ADDRESS | | DO NOT WRITE | |

IN THIS SPACE

U000000747668 05/17/07-80035-011 500.00

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:

DOCUMENT # NAME STREET ADDRESS CHTY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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