


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

**FILED  
Jan 29, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # A23498</b> 1. Entity Name PASS SKLAR CENTER, LTD.	
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Principal Place of Business 801 NW 37TH AVE. #205 MIAMI, FL 33125	Mailing Address 801 NW 37TH AVE. #205 MIAMI, FL 33125
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2763365	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAPITAL SQUARE INC.  
2121 PONCE DE LEON BLVD.  
SUITE # 1100  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

B. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

U00000611186  
02/02/07-80051-003 500.00

**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	V23618 CAPITAL SQUARE, INC. 801 NW 37TH AVE., #205 MIAMI, FL 33125
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IN THIS SPACE**

STAPLE CHECK HERE

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 # \_\_\_\_\_