

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**DOCUMENT # A23989**

1. Entity Name

AA/TAMPA GROUP, LTD.



**FILED**

2007 MAR 13 AM 10:09

Principal Place of Business

Mailing Address

6600 S.W. 57TH AVE  
SUITE 200  
MIAMI FL 33143

6600 S.W. 57TH AVE  
SUITE 200  
MIAMI FL 33143

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/06)

4. FEI Number

59-2749535

Applied For

Not Applicable

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

BRYER, WARREN  
6600 SW 57TH AVE  
SUITE 200  
MIAMI FL 33143

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. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # V58486  
NAME ABRAHAM/TAMPA, INC.  
STREET ADDRESS 6600 S.W. 57TH AVE  
CITY - ST - ZIP MIAMI FL 33143

STREET ADDRESS

CITY - ST - ZIP

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

**THOMAS G. ABRAHAM, PARTNER 3/5/07**

Date

Daytime Phone #

305-662-2222

STAPLE CHECK HERE