
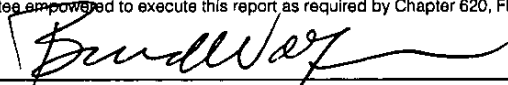


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # A25343 1. Entity Name FLORIDA HOUSING GROUP, LTD					
Principal Place of Business 1508 SAN IGNACIO AVE., SUITE 150 CORAL GABLES, FL 33146			Mailing Address 1508 SAN IGNACIO AVE., SUITE 150 CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FE# Number 65-0038431 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STARKMAN, MARK R 1500 SAN REMO AVE., #125 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 #	NAME		STREET ADDRESS		
STREET ADDRESS	HERNANDEZ, MAURO		CITY-ST-ZIP		
CITY-ST-ZIP	5617 NW. 7TH STREET MIAMI, FL 33126				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	WOLFSON, BERNARD		CITY-ST-ZIP		
CITY-ST-ZIP	2800 SW 28TH TERRACE MIAMI, FL 33133				
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
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: 			3/1/07 305-661-1230 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

