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

STAPLE CHECK HERE

CITY-ST-ZIP

## FILED Apr 18, 2007 08:00 All Secretary of State

Due by may 1, 2007				Apr 10, 2007 00.0		
DOCUMENT # A26003  1. Entity Name				Secretary of S		
DUBLIN /	ASSOCIATES, LTD.					
· ·	ce of Business DERAL HWY., STE 100	Mailing Address 4901 NO FEDERAL HWY., STE	100			
	DALE, FL 33308	FT. LAUDERDALE, FL 33308	100		a niil anan aran aran anak alah alahan al	
DO NOT WRITE IN THIS SPAC				04122007 No Chg-LP	CR2E003 (12/06)	
DO NOT WRITE IN THIS SPAC			CE	4. FEI Number 65-0135649	Applied For Not Applicable	
	•			5. Certificate of Status Desire	d S8.75 Additional Fee Required	
	6. Name and Address of Current R	tegistered Agent		,	30 8	
BARBER, KENNETH T 4901 NO. FEDERAL HWY., STE 100 FORT LAUDERDALE, FL 33308				DO NOT V	<b>VRITE</b>	
				IN THIS S	PACE	
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 After May 1, 20	!!! FEE IS \$500.00 007, Fee will be \$900.00				
		AT IS A BUSINESS ENTITY N				
12.	GENERAL PARTNER				,	
DOCUMENT #	M69567					
NAME STREET ADDRESS	EASTBORNE CORPORATION 4901 NO. FEDERAL HWY., STE 1	inn				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308					
DOCUMENT #						
NAME	,					
STREET ADORESS CITY-SI-ZIP						
DOCUMENT #						
STREET ADDRESS				DO NOT W	/RITE	
CITY-ST-ZIP				IN THIS SI	DACE	
DOCUMENT # NAME				IN THIS SI	PACE	
STREET ADDRESS		;				
CITY-ST-ZIP						
DOCUMENT #					0000715366	
NAME STREET ADDRESS				04/27.	/07-80062-008 500.00	
CITY-ST-ZIP						
DOCUMENT / NAME					,	
STREET ADDRESS						

14. I hereby certify that the offermation 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 a true and acquired 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 ampowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE WELL SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER Date (954) 441-3848 X 14