

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

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A26335</b> 1. Entity Name <b>SNAPPER CREEK SHOPPING CENTER, LTD.</b>					
Principal Place of Business <b>1550 MADRUGA AVE.          SUITE 230          CORAL GABLES, FL 33146</b>			Mailing Address <b>1550 MADRUGA AVE.          SUITE 230          CORAL GABLES, FL 33146</b>		
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  		Country  		4. FEI Number <b>59-2086449</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SNAPPER CREEK, INC.          1550 MADRUGA AVE.          SUITE 230          CORAL GABLES, FL 33146</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	M77349		STREET ADDRESS		
NAME	SNAPPER CREEK, INC.		CITY-ST-ZIP		
STREET ADDRESS	1550 MADRUGA AVE. STE. 230		U000000735068 05/10/07-80019-004 500.00		
CITY-ST-ZIP	CORAL GABLES, FL 33146		STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		

**SIGNATURE:**

*Peter A. Roberts*  
**PETER A. ROBERTS**  
SIGNATURE OF REGISTERED GENERAL PARTNER

*04/19/2007*  
*305 667-6461*  
Date Daytime Phone #

STAPLE CHECK HERE