2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Apr 26, 2007 08:00 AM Secretary of State **DOCUMENT # A26335** SNAPPER CREEK SHOPPING CENTER, LTD. Principal Place of Business Mailing Address 1550 MADRUGA AVE. 1550 MADRUGA AVE. **SUITE 230** SUITE 230 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business - No P.O. Box # 3. Maiting Address Sulte, Apl. #, etc. Suite. Apt. #, etc. 03012007 CR2E003 (12/06) Cha-LP City & State Applied For City & State 4. FFI Number 59-2086449 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNAPPER CREEK, INC. Street Address (P.O. Box Number is Not Acceptable) 1550 MADRUGA AVE. **SUITE 230** CORAL GABLES, FL 33146 Zip Code FL 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, typed or printed name of rog stared agent and title if applicable. DATE 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT# M77349 STREET ADDRESS SNAPPER CREEK, INC. NAME STREET ADDRESS 1550 MADRUGA AVE. STE. 230 U00000735068 CHY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33146 <u>05/10/07-88019-004 500.00</u> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-S1-ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 empoyered to execute this report as required by Chapter 620. Florida Statutes

CITY-ST-ZIP

SIGNATURE: .

STREET ADDRESS

CITY-ST-ZIP

STAPLE

- ScInc