

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

**DOCUMENT # A26394**

1. Entity Name  
COPANS (PHASE I) ASSOCIATES, LTD. LLLP



Principal Place of Business  
2875 N.E. 191ST STREET  
PENTHOUSE 1B  
AVENTURA, FL 33180

Mailing Address  
2875 N.E. 191ST STREET  
PENTHOUSE 1B  
AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**

01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number **66-0372633**  
**66-0372636**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PREMIER ASSET MANAGEMENT, INC.  
2875 N.E. 191ST STREET  
PENTHOUSE 1B  
AVENTURA, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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 \$500.00**  
**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**

DOCUMENT # V63786  
NAME COPANS (PHASE I), INC.  
STREET ADDRESS 2100 PARK CENTRAL BLVD N., #900  
CITY-ST-ZIP POMPAÑO BEACH, FL 33064

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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**400096789924**  
**04/13/07--01036--009 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**ERWIN SREDNI**

**3/14/07 (305)935-9940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**FILED**

2007 APR 11 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

