



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # A26730 1. Entity Name 11TH AVENUE EAST PARTNERSHIP, LTD.	
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Principal Place of Business 3625 EAST 11TH AVENUE HIALEAH, FL 33013	Mailing Address 3625 EAST 11TH AVENUE HIALEAH, FL 33013
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
02062007	Chg-LP
CR2E003 (12/06)	
4. FEI Number 59-2273096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

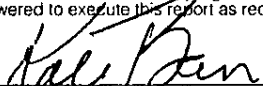
6. Name and Address of Current Registered Agent BASS, KAL 10 EDGEWATER DRIVE #11-D CORAL GABLES, FL 33133
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City

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 _____

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 CITY-ST-ZIP BASS, KALMAN 3625 EAST 11TH AVENUE HIALEAH, FL 33013	STREET ADDRESS CITY-ST-ZIP 000000637507 02/26/07-80064-005 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP BASS, IRMA 3625 EAST 11TH AVENUE HIALEAH, FL 33013	STREET ADDRESS CITY-ST-ZIP
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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:  2-9-07 305-696-6071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE