## 2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A28016 1. Entity Name					FILED	
BROWARD GARDENS ASSOCIATES, LTD.						
Principal Place of Business Mailing Address					2007 APR 26 AM 10: 39	
818 W BRO		818 W BROOKS AVE NORTH LAS VEGAS NV 89030		30	SECRETARY OF STATE	
2. Principal P	3. Mailing Address	Mailing Address				
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			1st MOORE CR2E003 (10/06)	
City & State		City & State			4. FEI Number Applied For 59-6921283 Not Applicable	
Žip	Country Zip Cou		Cour	ntry	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
				Name		
PUTNAM, PAULA 621 NW 2ND STREET OCALA FL 34475				Stroot Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code	
				]	<u> </u>	
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.						
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.						
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.			
DOCUMENT#						
NAME:	BIRD, ALLAN S.		SIR	REET ADDRESS		
STREET ADDRESS	818 W BROOKS AVE		CID	Y-SI-ZIP		
CHY-SI-ZIP	NORTH LAS VEGAS NV 89030					
DOCUMENT # NAME	REAL PROPERTY SERVICES CORP.			RITT ADDRESS	80010185280 <b>8</b> 05/08/0701049010 ***500.00	
STREET ADDRESS CITY-ST-ZIP	1010 W BROOKS AVE		cir	Y-SI-ZIP		
DOCUMENT# NAME			STR	REET ADDRESS		
STRLET ADDRESS  CITY-ST-ZIP			cir	Y-SI-7IP		
DOCUMENT # NAME			STP	REET ADDRESS		
STREET ADDRESS CHY-ST-7IP			cil	Y·SI-7IP		
DOCUMENT # NAME			SIF	RITT ADDRESS		
SIREET ADDRESS CITY-ST-7IP			CIL	Y · SI - ZIP		
DOCUMENT #			SIF	REET ADDRESS		
STREET ADDRESS CITY-ST-7IP			CIL	Y-S1-ZIP		
14. I hereby certify that the information supplied with this filling 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 eath; 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						