

FILED
May 01, 2007 08:00 A
Secretary of State

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A28883

1. Entity Name
AMERICAN CORPORATE INVESTMENTS, LIMITED



Principal Place of Business
**801 BRICKELL AVE., 16TH FLOOR
MIAMI, FL 33131**

Mailing Address
**801 BRICKELL AVE., 16TH FLOOR
MIAMI, FL 33131**



01222007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0986879

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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.

U000000750672
05/18/07 00372 008 2800.00

**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 # **F93000002120**
NAME **AMERICAN CORPORATE INVESTMENTS, LTD. B.V.I**
STREET ADDRESS **THE LAKE BUILDING FIRST FLOOR**
CITY-ST-ZIP **TORTOLA BRITISH V.I.,**

DOCUMENT # **L08288**
NAME **AMERICAN CORPORATE INVESTMENTS, INC.**
STREET ADDRESS **801 BRICKELL AVE., 16TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33131**

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/2007 (305) 381-8340
Date Daytime Phone #

STAPLE CHECK HERE