

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

**DOCUMENT # A29338**

1. Entity Name  
**MIRAMAR PLAZA ASSOCIATES, LTD.**



Principal Place of Business  
**41-79 S. PALM AVENUE  
 SARASOTA, FL 34236**

Mailing Address  
**711 S. OSPREY AVE  
 STE. 1  
 SARASOTA, FL 34236**

**FILED**  
**07 JUN -1 AM 9:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007

Chg-LP

CR2E003 (12/06)

4. FEI Number

**65-0159174**

Applied For

Not Applicable

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

**MINDY K. PARKER**  
**711 S. OSPREY AVE**  
**STE. 1**  
**SARASOTA, FL 34236**

Name **GARY KAUFFMAN ESQ**

Street Address (P.O. Box Number is Not Acceptable)

**1990 MADISON ST STE 700**

City **SARASOTA**

**FL**

Zip Code **34236**

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]*  
 Signature, typed or printed name of registered agent acceptable.

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 # **L35924**  
 NAME **MIRAMAR PLAZA ASSOC., INC**  
 STREET ADDRESS **711 S. OSPREY AVE, STE. 1**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

STREET ADDRESS

CITY-ST-ZIP

**100104218641**

**06/11/07--01032--014 \*\*\$500.00**

DOCUMENT #  
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 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**By GARY KAUFFMAN,**

STAPLE CHECK HERE