

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 13, 2007 08:00
Secretary of State

DOCUMENT # A29446

1. Entity Name
SAGA ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business
% KENNETH A. GOLDING
27001 U.S. 19 N. SUITE 2095
CLEARWATER, FL 33761

Mailing Address
% KENNETH A. GOLDING
27001 U.S. 19 N. SUITE 2095
CLEARWATER, FL 33761



02192007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2990643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOLDING-SCHER, HARRIET S.
503 ERIE AVENUE
TAMPA, FL 33606

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 #	V51167
NAME	BRANDON MALL, INC.
STREET ADDRESS	27001 U.S. HWY. 19 N., SUITE 2095
CITY-ST-ZIP	CLEARWATER, FL 33761

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U00000706423
04/24/07-80032-012 508.75

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

727 796-1077

SIGNATURE: _____

H. Sara Golding Scher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE