


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

<b>DOCUMENT # A30207</b> 1. Entity Name <b>EMD ASSOCIATES, LTD.</b>	
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Principal Place of Business <b>2 S. BISCAYNE BLVD.</b> <b>34TH FLOOR</b> <b>MIAMI, FL 33131</b>	Mailing Address <b>2 S. BISCAYNE BLVD.</b> <b>34TH FLOOR</b> <b>MIAMI, FL 33131</b>
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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	Zip	Country

6. Name and Address of Current Registered Agent	
<b>LEWIS, EDGAR</b> <b>2 S. BISCAYNE BLVD., 34TH FLOOR</b> <b>MIAMI, FL 33131</b>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01232007    Chg-LP    CR2E003 (12/06)

4. FEI Number <b>65-0198597</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.


**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 #	L80763	STREET ADDRESS	
NAME	EMD ASSOCIATES, INC.	CITY - ST - ZIP	
STREET ADDRESS	2 S. BISCAYNE BLVD., 34TH FLOOR		
CITY - ST - ZIP	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	
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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.

**EMD Associates, Ltd. By: EMD Associates, Inc., its General Partner**

**SIGNATURE:**  **04-19-07** **305-376-6016**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

**Edgar Lewis, President**

STAPLE CHECK HERE