## 2007 LIMITED PARTNER่ฐHIP ANNUAL REPORT Due By May 1, 2007

FILED Feb 13, 2007 08:00 AM Secretary of State

	OCUMENT	#A30227
4	Entity Namo	

Principal Place of Business

1175 NE 125TH STREET, SUITE 102 NORTH MIAMI, FL 33161

TATÉ PARTNERSHIP, LTD.

Mailing Address

1175 NE 125TH STREET, SUITE 102 NORTH MIAMI, FL 33161



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CR2E003 (12/06) Applied For 4. FEI Number 65-0090398 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TATE, STANLEY G. 1175 NE 125TH STREET, SUITE 102 NORTH MIAMI, FL 33161

## DO NOT WRITE IN THIS SPACE

8.	<ol> <li>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.</li> </ol>	am familiar with, and accept
	the obligations of registered agent.	
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## 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.

GENERAL PARTNER INFORMATION 12. DOCUMENT # M52042 NAME KEN JAM, INC. STREET ADDRESS 1175 NE 125TH STREET, SUITE 102 CITY-ST-ZIP NORTH MIAMI, FL 33161 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY+ST-ZIP DOCUMENT #

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

000000634716 02/22/07-80022-008 500.00

## DO NOT WRITE 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:

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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