2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A30402

1. Entity Name MIAMI GARDENS PARK, LTD.



Principal Place of Business

121 ALHAMBRA PLAZA PENTHOUSE 1, SUITE 1600 CORAL GABLES, FL 33134

Mailing Address

121 ALHAMBRA PLAZA PENTHOUSE 1, SUITE 1600 CORAL GABLES, FL 33134

FILED

08 APR 21 PM 3:54

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
65-0211659	 	Not Applicable
5. Certificate of Status Desired		5 Additional equired

6. Name and Address of Current Registered Agent

DENTY D LADDY

121 ALHA	MBRA PLAZA, PH I, SUITE 1600 ABLES, FL 33134	IN THIS SPACE		
	named entity submits this statement for the purpose of changing it tions of registered agent. Signature, typed or printed name of registered agent and title if applicable.	I s registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$90			
	A GENERAL PARTNER THAT IS A BUSINESS E NOTE: General Partners MAY NOT be changed on	NTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. the form; an amendment must be filed to change a general partner.		
DOCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION P16775 HAMMOND VENTURE, INC. 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134	400123960614 04/18/0801007017 **500.00 DO NOT WRITE		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS		IN THIS SPACE		

14. I hereby certify that the information supplied with this filling 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:

STAPLE CHECK HERE