


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

**FILED
Jan 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # A31005 1. Entity Name EAST-TOWN SHOPPING CENTER, LIMITED	
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Principal Place of Business 850 N.E. 5TH AVENUE BOCA RATON, FL 33432	Mailing Address 850 N.E. 5TH AVENUE BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 95-6420843	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

MUIR, ROBERT C.
850 N.E. 5TH AVENUE
BOCA RATON, FL 33432

**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.

U00000588381
01/10/07-80045-002 508.75

**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 # NAME STREET ADDRESS CITY - ST - ZIP	MUIR, ROBERT C. 850 N.E. 5TH AVENUE BOCA RATON, FL 33432
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STAPLE CHECK HERE

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: *Robert C. Muir* 1/05/07 561-392-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #