


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 09, 2007 08:00 AM
Secretary of State

| | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # A31006 1. Entity Name MUIR-NORTHTOWN, 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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01052007 No Chg-LP CR2E003 (12/06)

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| 4. FEI Number 95-6231784 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MUIR, ROBERT C. 850 N.E. 5TH AVENUE BOCA RATON, FL 33432 |
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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 | |
|-------------------------------------------------------|----------------------------------------------------------------|
| DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP | MUIR, ROBERT C. 850 N.E. 5TH AVENUE BOCA RATON, FL 33432 |
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02/19/07-80004-025 500.00

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date _____ Days/Time Phone # _____