

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A31352

1. Entity Name
TRIPLE H RANCH PROPERTY, LTD.



Principal Place of Business
450 E. LAS OLAS BLVD., 15TH FLOOR
FT. LAUDERDALE, FL 33301

Mailing Address
450 E. LAS OLAS BLVD., 15TH FLOOR
FT. LAUDERDALE, FL 33301



04172007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0295322

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUIZENGA HOLDINGS, INC
450 E. LAS OLAS BLVD., 15TH FLOOR
FT. LAUDERDALE, FL 33301

**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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$800.00

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 # S33231
NAME TRIPLE H RANGE MGMT, INC
STREET ADDRESS 450 EAST LAS OLAS BLVD. #1505
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

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CITY-ST-ZIP

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U000000735133
05/10/07-80021-016 500.00

**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:

Cris V. Branden

4/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE