## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May-1, 2007

SIGNATURE:

## DOCUMENT # A32521 SECRETARY OF STATE DIVISION OF CORPORATIONS HIALÉAH REALTY ASSOCIATES, LTD. 07 FEB -2 AM 10: 50 Principal Place of Business Mailing Address 2161 PALM BEACH LAKES BLVD., SUITE 304 233 ATLANTIC AVENUE WEST PALM BEACH, FL 33409 PALM BEACH, FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 Chg-LP CR2E003 (12/06) City & State 4. FEI Number Applied For City & State 65-0822234 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANNENBAUM, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 2161 PALM BEACH LAKES BLVD., SUITE 304 WEST PALM BEACH, FL 33409 City Zip Code 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 \$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 ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS YALICH, GEORGE NAME STREET ADDRESS 233 ATLANTIC AVENUE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH, FL 33480 CORRECT ADVRESS DOCUMENT # STREET ADDRESS YELICH, GEORGE 223 ATLANTIC AVE, PALM BEACH, FL. 33480 NAME 50008787 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 positived by Chapter 620, Florida Statutes