

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

**DOCUMENT # A33204**

1. Entity Name  
**THE ENCLAVE (U.S.) LIMITED PARTNERSHIP**



Principal Place of Business  
**4728 N. HABANA AVE.,  
TAMPA, FL 33614**

Mailing Address  
**11005 N. DALE MABRY HWY  
TAMPA, FL 33618**

**FILED**

**2007 APR 30 AM 10:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01082007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3132893**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CHRISTOPHER, ANGELO  
11005 N. DALE MABRY HWY  
TAMPA, FL 33618**

**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 \$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 # **L02000025805**  
NAME **TAMPA MEDICAL PROPERTIES II, LLC**  
STREET ADDRESS **11005 N. DALE MABRY HWY**  
CITY-ST-ZIP **TAMPA, FL 33618**

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**400101855184**  
**05/08/07--01042--017 \*\*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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ...

Date

Daytime Phone #

**1/7/2007 (813) 269-7315**