

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

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A33476**

1. Entity Name  
**ANDRADE ASSOCIATES LIMITED PARTNERSHIP**



Principal Place of Business  
**53 ST. THOMAS DRIVE  
PALM BEACH GARDENS, FL 33418**

Mailing Address  
**53 ST. THOMAS DRIVE  
PALM BEACH GARDENS, FL 33418**



02182007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0372061**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

**EAVENSON, BRADLEY B ESQ  
4100 RCA BLVD. SUITE 100  
PALM BEACH GARDENS, FL 33410-4247**

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ANDRADE, MANUEL S.  
53 ST. THOMAS DRIVE  
PALM BEACH GARDENS, FL 33418**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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03/13/07-80064-001 508.75

**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:**

*Manuel Andrade*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**MANUEL ANDRADE, GEN PARTNER**

Date **3/27/07**

**561-371-8006**

Daytime Phone #

STAPLE CHECK HERE