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

DO NOT WRITE IN THIS SPACE

DOCUMENT # A93000000312

1. Entity Name SPECTRUM 1500 BUILDING ASSOCIATES, LTD.



Principal Place of Business

Mailing Address

1900 W COMMERCIAL BLVD, SUITE 200 FT. LAUDERDALE, FL 33309-3018

1900 W COMMERCIAL BLVD, SUITE 200 FT. LAUDERDALE, FL 33309-3018

FILED May 01, 2007 08:00 A Secretary of State



04232007 No Chg-LP

CR2E003 (12/06)

4.	FEI Number	
	65-0403549	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J ESQ. C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo	oth, 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.	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.

	NOTE: General Fathers MAT NOT be changed on an		
	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT #	P93000022006	
	NAME	KEENAN GROUP, INC.	
	STREET ADDRESS	1900 W COMMERCIAL BLVD, SUITE 200	
	CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
	DOCUMENT #	P93000021955	
	NAME	KEISER BUILDING CORP.	
	STREET ADDRESS	1900 W. COMMERCIAL BLVD., SUITE 175	
	CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
	DOCUMENT #		
	NAME		
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14. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP