


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

**FILED**  
**May 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000000048</b>	
1. Entity Name TURNBERRY PLAZA, LTD.	

Principal Place of Business 19501 BISCAYNE BOULEVARD SUITE 400 / ATTN: LEGAL DEPT. AVENTURA, FL 33180	Mailing Address 19501 BISCAYNE BOULEVARD SUITE 400 / ATTN: LEGAL DEPT. AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



03232007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0449707</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  HARTGLASS, LORI R 19501 BISCAYNE BOULEVARD SUITE 400 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M24189 YACHT CLUB REALTY CORP. 19501 BISCAYNE BLVD. SUITE 400 AVENTURA, FL 33180	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P93000083211 C.J.A. HOLDING CORP. 2875 NORTHEAST 191ST STREET NORTH MIAMI BEACH, FL 33180	STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	

1000000762409  
05/29/07-80008-005 500.00

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:** \_\_\_\_\_ **4-23-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE