

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

**DOCUMENT # A95000000975**

1. Entity Name  
**PHILANN ENTERPRISES, LTD.**



Principal Place of Business

**5820 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014  
880 LAKEVIEW DR  
MIAMI BEACH, FL 33140**

Mailing Address

**5820 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014  
880 LAKEVIEW DR  
MIAMI BEACH, FL 33140**

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**07 FEB 23 AM 10:04**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



01102007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0587365**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, LEWIS R  
1399 S.W. FIRST AVE.  
4TH FLOOR  
MIAMI, FL 33130**

**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 # **P95000031018**  
NAME **PHILANN INVESTMENT CORPORATION**  
STREET ADDRESS **5820 MIAMI LAKES DRIVE**  
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

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**800089613468**  
**02/27/07--01057--010 \*\*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:**

*William D. Cohen*  
**William D. Cohen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*2/14/07*  
Date

*305-556-4601*  
Daytime Phone #

STAPLE CHECK HERE