


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

DOCUMENT # A95000001322	
1. Entity Name TAPLIN FALLS, LTD.	

Principal Place of Business 13651 NW 4TH ST. PEMBROKE, FL 33028	Mailing Address 13651 NW 4TH ST. PEMBROKE PINES, FL 33028
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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

6. Name and Address of Current Registered Agent  LUPIN, SUSAN 3272 RIDGE TRACE DAVIE, FL 33328
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**FILED**  
07 FEB 19 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0607182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	Robert Montaperto
Street Address (P.O. Box Number is Not Acceptable)	
	2240 SW 33rd Terrace
City	Ft. Lauderdale FL
Zip Code	33312

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 Robert Montaperto Corroliu 1/23/07  
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 #	P95000000335
NAME	TAPLIN MEADOWS DEVELOPMENT CORPORATION
STREET ADDRESS	1001 SOUTH BAYSHORE DRIVE, SUITE 2100
CITY-ST-ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	13651 NW 4th St
CITY-ST-ZIP	Pembroke Pines, FL 33028
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500089031835
CITY-ST-ZIP	02/23/07--01009--011 **\$500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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] 2/14/07 954-437-1435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE