


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

**FILED
Apr 30, 2007 08:00 AM
Secretary of State**

DOCUMENT # A95000001977 1. Entity Name NORIC/DESTIN LIMITED PARTNERSHIP	
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Principal Place of Business 2333 BRICKELL AVENUE, SUITE D-1 MIAMI FL 33129	Mailing Address 2333 BRICKELL AVENUE, SUITE D-1 MIAMI FL 33129
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.
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1st MOORE CR2E003 (10/06)

City & State	City & State	4. FEI Number 65-0634296	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVID, MARY ANN Y ESQUIRE 2333 BRICKELL AVENUE, SUITE D-1 MIAMI FL 33129	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	P95000095094 NORIC/DESTIN VENTURES, INC. 2333 BRICKELL AVENUE, SUITE D-1 MIAMI FL 33129
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13. ADDRESS CHANGES ONLY	
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CITY - ST - ZIP	
STREET ADDRESS	
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CITY - ST - ZIP	

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05/17/07-80041-001 500.00

STAPLE CHECK HERE

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:  Clifford D. Rosen 4/27/07 305.859.4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #