


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

DOCUMENT # <b>A95000002018</b> 1. Entity Name <b>FLORIDA RESORT MANAGEMENT, LTD.</b>	
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**FILED**

2007 APR 30 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

Principal Place of Business <b>1677 COLLINS AVENUE MIAMI FL 33139</b>	Mailing Address <b>C/O MILLER &amp; WEBNER, P.A. P.O. BOX 266947 WESTON FL 33326-6947</b>
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2. Principal Place of Business - No P.O. Box # <b>3025 Collins Avenue</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami Beach, FL</b>	City & State
Zip <b>33140</b>	Country

4. FEI Number <b>65-0649560</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>MILLER, REBECCA M ESQ. C/O MILLER &amp; WEBNER, P.A. 2442 POINCIANA COURT WESTON FL 33327</b>	<b>7. Name and Address of New Registered Agent</b> 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. \*\*\* 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P95000096194 FLORIDA RESORT, INC. 1677 COLLINS AVENUE MIAMI BEACH FL 33139</b>	STREET ADDRESS CITY - ST - ZIP	<b>3025 Collins Avenue Miami Beach, FL 33140</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>100101855431 05/08/07--01042--024 **500.00</b>
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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: *Hans-Joachim Krause* **Hans-Joachim Krause** (954)385-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #