

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



FILED

2007 APR 30 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

DOCUMENT # A95000002018 1. Entity Name FLORIDA RESORT MANAGEMENT, LTD.		Principal Place of Business 1677 COLLINS AVENUE MIAMI FL 33139		Mailing Address C/O MILLER & WEBNER, P.A. P.O. BOX 266947 WESTON FL 33326-6947	
2. Principal Place of Business - No P.O. Box # 3025 Collins Avenue		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami Beach, FL		City & State			
Zip 33140	Country	Zip	Country		
4. FEI Number 65-0649560			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MILLER, REBECCA M ESQ. C/O MILLER & WEBNER, P.A. 2442 POINCIANA COURT WESTON FL 33327			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. * 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	P95000096194 FLORIDA RESORT, INC. 1677 COLLINS AVENUE MIAMI BEACH FL 33139	STREET ADDRESS CITY - ST - ZIP	3025 Collins Avenue Miami Beach, FL 33140
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Hans-Joachim Krause

(954)385-9030