

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

**FILED  
Apr 26, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # A96000000338**  
1. Entity Name  
**WAIKIKI COLORADO, LTD.**



Principal Place of Business <b>BENNETT M LIFTER, INC. 17760 NW 2ND AVE., #200, PO BOX 694645 MIAMI, 33 33269-1645</b>	Mailing Address <b>BENNETT M LIFTER, INC. 17760 NW 2ND AVE., #200, PO BOX 694645 MIAMI, 33 33269-1645</b>
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0660376</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**A Z REGISTERED AGENT CORPORATION  
2601 S. BAYSHORE DRIVE, SUITE 1600  
MIAMI, FL 33133**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P93000057217 WAIKIKI TRUSTS, INC. 17760 NW 2ND AVE. #200 MIAMI, FL 33169
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U00000735126  
05/10/07-80021-010 500.00

**DO NOT WRITE IN THIS SPACE**

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:** Bennett M Lifter - BENNETT M. LIFTER 4-24-07 305-852-5506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #