

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000000889

1. Entity Name
COLONIAL SQUARE, LTD.



Principal Place of Business
1655 DREXEL AVENUE, SUITE 209
MIAMI BEACH, FL 33139

Mailing Address
1655 DREXEL AVENUE, SUITE 209
MIAMI BEACH, FL 33139



04242007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0666114

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, JEFFREY
1655 DREXEL AVENUE, SUITE 209
MIAMI BEACH, FL 33139

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

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 # **P96000037562**
NAME **COLONIAL SQUARE, INC.**
STREET ADDRESS **1655 DREXEL AVENUE, SUITE 209**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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05/21/07-80029-008 508.75

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

Daylong Phone #

STAPLE CHECK HERE