

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000001260

1. Entity Name
INFINITY ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business
**10600 NW 29 TERR.
MIAMI, FL 33172-2195**

Mailing Address
**10600 NW 29 TERR.
MIAMI, FL 33172-2195**



01032007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0677074

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERDUGO, DAVID
10600 NW 29 TERR.
MIAMI, FL 33172-2195**

**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 # _____
NAME **ZENDERMAN, ENRIQUE**
STREET ADDRESS **10600 NW 29TH TERR**
CITY-ST-ZIP **MIAMI, FL 331722195**

DOCUMENT # _____
NAME **BERDUGO, DAVID**
STREET ADDRESS **10600 NW 29TH TERR**
CITY-ST-ZIP **MIAMI, FL 331722195**

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CITY-ST-ZIP _____

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01/24/07-80059-003 500.00

**DO NOT WRITE
IN THIS SPACE**

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 #

STAPLE CHECK HERE