

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

**FILED**

**Jan 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000001393**

1. Entity Name  
SPACE PLUS AT 17TH STREET CAUSEWAY, LTD.



Principal Place of Business  
1850 MIAMI ROAD  
FORT LAUDERDALE, FL 33316

Mailing Address  
1850 MIAMI ROAD  
FORT LAUDERDALE, FL 33316



01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
65-0681227

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

CHANEY, CONNIE  
1850 MIAMI ROAD  
FORT LAUDERDALE, FL 33316

**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

000000580350  
01/10/07-80042-021 500.00

**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 # P96000061892  
NAME SPACE PLUS AT 17TH STREET AND MIAMI RD, INC  
STREET ADDRESS 1850 MIAMI ROAD  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**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