


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000001444 1. Entity Name FLAMINGO PALMS LIMITED PARTNERSHIP	
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Principal Place of Business ATTN WORTHING SOUTHEAST 1501 NW 124TH TERRACE SUNRISE, FL 33323	Mailing Address 300 N. LAKE AVE., STE. 620 PASADENA, CA 91101
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DO NOT WRITE IN THIS SPACE

	
01122007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 76-0510810	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 #	F99000001349
NAME	GATEWAY GP SAWGRASS MILLS, INC.
STREET ADDRESS	300 N. LAKE AVE., STE. 620
CITY - ST - ZIP	PASADENA, CA 91101
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000621833
02/13/07-80001-021 500.00

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:  MARGARET O SHULER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER VICE PRESIDENT & SECRETARY

Date: 1/12-07 Daytime Phone #: 626-521-2343