

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000002131

**FILED**  
**Apr 28, 2007**  
**Secretary of State**

**Entity Name:** FLAMINGO FALLS PROFESSIONAL CENTER, LTD.

**Current Principal Place of Business:**

1851 NW 125TH AVE  
SUITE 300  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

1851 NW 125TH AVE  
SUITE 300  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

**FEI Number:** 65-0707898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FFPC, INC.  
1851 NW 125TH AVE  
SUITE 300  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P96000094977  
Name: FFPC, INC.  
Address: 1851 NW 125TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANDY SEGALL

P

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date