


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A96000002152</b>	
1. Entity Name	
ELIZABETH SOUTHSIDE LIMITED	

Principal Place of Business	Mailing Address
528 HARDEE ROAD CORAL GABLES FL 33146	528 HARDEE ROAD CORAL GABLES FL 33146

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E003 (10/06)

4. FEI Number	65-0707801	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	7. Name and Address of New Registered Agent
MURARO, ELIZABETH M 528 HARDEE ROAD CORAL GABLES FL 33146	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ELIZABETH MORRISON MURARO, TRUSTEE	STREET ADDRESS	
NAME	528 HARDEE ROAD	CITY- ST- ZIP	000000656498
STREET ADDRESS	CORAL GABLES FL 33146		03/14/07-80028-008 500.00
CITY- ST- ZIP		STREET ADDRESS	
		CITY- ST- ZIP	
		STREET ADDRESS	
		CITY- ST- ZIP	
		STREET ADDRESS	
		CITY- ST- ZIP	
		STREET ADDRESS	
		CITY- ST- ZIP	

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:** Elizabeth M Muraro 3/1/07 305-661-8292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE