


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

**FILED**

2007 MAY 10 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A96000002212	
1. Entity Name HEADWAY 441 ASSOCIATES, LTD.	

Principal Place of Business 155 S. MIAMI AVE., SUITE PH-2A MIAMI, FL 33130	Mailing Address 155 S. MIAMI AVE., SUITE PH-2A MIAMI, FL 33130
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2. Principal Place of Business - No P.O. Box # 333 S. Miami Avenue	3. Mailing Address 333 S. Miami Avenue
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Suite, Apt. #, etc. Suite 150	Suite, Apt. #, etc. Suite 150
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City & State Miami, FL	City & State Miami, FL
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Zip 33130	Country USA	Zip 33130	Country USA
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04232007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent PANTHER REALTY ADVISORS INC. 155 S. MIAMI AVE., SUITE PH-2A MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Panther Realty Advisors, Inc. Street Address (P.O. Box Number is Not Acceptable) 333 S. Miami Avenue Suite 150 City Miami FL Zip Code 33130	
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000097884 PANTHER 441, INC. 155 S. MIAMI AVE., SUITE PH-2A MIAMI, FL 33130	STREET ADDRESS CITY-ST-ZIP	333 S. Miami Avenue Ste. 150 Miami, FL 33130
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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:** \_\_\_\_\_ **DATE:** 4-27-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE