

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 17 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000002239



1. Entity Name
WATERFORD CENTRE, LTD.

Principal Place of Business
**999 PONCE DE LEON BLVD
SUITE 101
CORAL GABLES, FL 33134**

Mailing Address
**2600 DOUGLAS RD., SUITE 204
CORAL GABLES, FL 33134-6100**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2600 Douglas Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Penthouse 5

City & State

City & State
Coral Gables, FL

Zip

Country

Zip
33134

Country
USA

01192007

Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0707386

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JUAN LOUMIET - GREENBERG TRAURIG
1221 BRICKELL AVENUE
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 # **P95000040476**
NAME **WATERFORD CENTRE, INC.**
STREET ADDRESS **2600 DOUGLAS ROAD, SUITE 204**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS **2600 DOUGLAS ROAD PH-5**

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500099308245
04/24/07--01052--005 **500.00**

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:

X. FRANCISCO ROSALES

02/02/07

(305) 461-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE