

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

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000099**

1. Entity Name  
**MIZNER LAKE ESTATES, LIMITED PARTNERSHIP**



Principal Place of Business  
**1200 S. ROGERS CIRCLE, SUITE #11  
BOCA RATON, FL 33487**

Mailing Address  
**1200 S. ROGERS CIRCLE, SUITE #11  
BOCA RATON, FL 33487**

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0716554**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**POPKIN, EDWARD D ESQUIRE  
5355 TOWN CENTER ROAD  
STE. 801  
BOCA RATON, FL 33431-7360**

**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

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 # **P96000097976**  
NAME **MIZNER LAKE ESTATES, INC.**  
STREET ADDRESS **1200 S. ROGERS CIRCLE, #11**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

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U00000698336  
04/18/07-80077-001 500.00

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*General Partner*

Date

Daytime Phone #

1/15/07

561-994-1375

STAPLE CHECK HERE