

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

**FILED**

2007 APR 23 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01302007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A97000000258</b> 1. Entity Name DEL PRADO GARDENS, LTD.					
Principal Place of Business 155 SOUTH MIAMI AVENUE SUITE 850 MIAMI, FL 33131			Mailing Address 155 SOUTH MIAMI AVENUE SUITE 850 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>65-0751464</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CARRFOUR SUPPORTIVE HOUSING, INC. 155 SOUTH MIAMI AVENUE SUITE 850 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	N93000000642 CARRFOUR CORPORATION 155 SOUTH MIAMI AVENUE, STE. 850 MIAMI, FL 33130		STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> <b>300101622433</b>          05/04/07 01055-DLT ***500.00       </div>	
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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:			4/12/07 305-371-8300 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE