

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # A97000000275

1. Entity Name
444 PROPERTIES, LTD.



Principal Place of Business
**444 E. PALMETO PARK ROAD #200
BOCA RATON, FL 33432**

Mailing Address
**1801 N. MILITARY TRAIL
SUITE 200
BOCA RATON, FL 33431 US**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292007 Chg-LP CR2E003 (12/06)

4. FEI Number
65-0721954

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWANSON, KENNETH
1370 ROYAL PALM WAY
BOCA RATON, FL 33432**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P86000103963**
NAME **LKCC ASSOCIATES, INC.**
STREET ADDRESS **1370 ROYAL PALM WAY**
CITY-ST-ZIP **BOCA RATON, FL 33432**

STREET ADDRESS

CITY-ST-ZIP

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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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

By: **Kenneth R. Swanson, Pres.**

Date

Daytime Phone #

STAPLE CHECK HERE

000000706081
04/24/07-80020-013 500.00