2007 LIMITED PARTNERSHIP ANNUAL REPORT

08:00 A tate

Due By May 1, 2007				Apr 09, 200 / 08:0			
DOCUMENT # A9700000481 1. Entity Name]	Se	cretary of St	
RES HOI	_DINGS, LTD.						
i .	ce of Business	Mailing Address		1			
	H 29TH AVE., #108), FL 33020	2700 NORTH 29TH AVE., # HOLLYWOOD, FL 33020	108	A 1400 (00 ft 100 (00 A 00)))			
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in the second of							
	O NOT WRITE	IN THIS SPA	ICE	01042007 No 4. FEI Number	Cng-LP	CR2E003 (12/06) Applied For	
				65-072737	75	Not Applicable	
	The state of the s	*	* .	5. Certificate of S	status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	Registered Agent	,				
SAMMOU				חס א	OT WR	ITE:	
2700 NORTH 29TH AVE., #108 HOLLYWOOD, FL 33020)		The state of the s	oga dibba Bbb waa ili a a ahali	
				INT	HS SPA	GE	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its regis	tered office or register	red agent, or both, in	the State of Florida	. I am familiar with, and accept	
SIGNATURE	none or registoroo agent.						
004/10/10	Signature, typed or printed name of registered agent an	nd title if applicable.				DATE	
	After May 1, 20	!!! FEE IS \$500.00)07, Fee will be \$900.00					
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENTITY NOT be changed on the fo					
12.	GENERAL PARTNER P97000001450	INFORMATION	r Na Antonio				
NAME	SAMMOUNT, INC.		in in				
STREET ADDRESS CITY-ST-ZIP	2700 NORTH 29TH AVE., #108 HOLLYWOOD, FL 33020	۸				696736	
DOCUMENT #	1102244005,12 00020				:U4/18/07-	80010-006 500.00	
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CITY-ST-ZIP			3				
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STREET ADDRESS		‡ !		DO NO	OT WRI	TE	
CITY-ST-ZIP		,		IN TH	IS SPAC	CE	
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STREET ADDRESS CITY-ST-ZIP		*					
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CITY+ST-ZIP			' ;			* * * * * * * * * * * * * * * * * * * *	

14. I hereby certify that the information s indicated on this report is true and a or the receiver or trustee empowered SAMMOUNT ing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership ort as required by Chapter 620, Florida Statutes

SIGNATURE: .

STAPLE CHECK HERE

NAME STREET ADDRESS CITY ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL FARTNER