

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

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

|                                                                               |                                                                                   |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A97000000777</b><br>1. Entity Name<br>MIRACLE REAL ESTATE, LTD. |  |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>506 S. DIXIE HWY.<br>HALLANDALE, FL 33009 | Mailing Address<br>506 S. DIXIE HWY.<br>HALLANDALE, FL 33009 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-LP

CR2E003 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0753710 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>BRANT, BARRY<br>200 S. BISCAYNE BLVD., 6TH FLOOR<br>MIAMI, FL 33131 |
|----------------------------------------------------------------------------------------------------------------------------|

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

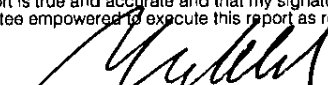
**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #                      | P97000025936                    |
| NAME                            | CORAL WAY MIRAGE HOLDINGS, INC. |
| STREET ADDRESS                  | 506 S. DIXIE HWY.               |
| CITY-ST-ZIP                     | HALLANDALE, FL 33009            |
| DOCUMENT #                      |                                 |
| NAME                            |                                 |
| STREET ADDRESS                  |                                 |
| CITY-ST-ZIP                     |                                 |
| DOCUMENT #                      |                                 |
| NAME                            |                                 |
| STREET ADDRESS                  |                                 |
| CITY-ST-ZIP                     |                                 |
| DOCUMENT #                      |                                 |
| NAME                            |                                 |
| STREET ADDRESS                  |                                 |
| CITY-ST-ZIP                     |                                 |
| DOCUMENT #                      |                                 |
| NAME                            |                                 |
| STREET ADDRESS                  |                                 |
| CITY-ST-ZIP                     |                                 |

**DO NOT WRITE 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:**  **SHAUL RIKMAN** 3/16/07 (954) 455-2822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE