FILED 2008 LIMITED PARTNERSHIP ANNUAL REPORT Jan 24, 2008 08:00 A **Due By May 1, 2008 Secretary of State DOCUMENT # A97000001765** 611, LTD. Principal Place of Business Mailing Address 19985 WILKINSON LEAS 399 NW BOCA RATON BOULEVARD BOCA RATON, FL 33432 TEQUESTA, FL 33469 01092008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0724589 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROAD AND CASSEL, P.A. DO NOT WRITE 7777 GLADES ROAD **SUITE 300** IN THIS SPACE BOCA RATON, FL 33434 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 Fiorida. 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, 2008, 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.

ſ	12.	GENERAL PARTNER INFORMATION
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000070154 ATLANTIC HEALTH DEVELOPMENT CORPORATION 19985 WILKINSON LEAS TEQUESTA, FL 33469
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DO NOT WRITE IN THIS SPACE



Applied For

Not Applicable

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

SIGNATURE: