2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

HERE

CHECK

SIGNATURE:

Feb 08, 2007 08:00 AM DOCUMENT # A97000002317 1. Entity Name **Secretary of State** 1790 HARBOR BEACH PLACE LIMITED PARTNERSHIP Principal Place of Business Mailing Address 721 N.E. 3RD AVENUE 721 N.E. 3RD AVENUE FT, LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apl. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State Applied For 4. FEI Number 65-0789745 Not Applicable Country Zin Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOERING, RALPH H Street Address (P.O. Box Number is Not Acceptable) PALMETTO STATES PROPERTIES, INC. 721 NE 3RD AVENUE FORT LAUDERDALE FL 33304 City Zip Code 8. The above named ontity 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. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P95000083892 U00000628443 STREET ADDRESS PALMETTO STATES PROPERTIES, INC. /16/07-80015-023-500.00 STREET ADDRESS 721 NE 3RD AVE CITY - ST - ZIP CITY ST ZIP FT. LAUDERDALE FL 33304 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-71P CITY-SI-ZIP DOCHMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CUTY - ST - ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST-71P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-ZIP 14. I hereby certify that the information supplied with this filling 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 path; 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

TED NAME OF SIGNING GENERAL PARTNER

FILED