


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

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000000066 1. Entity Name TRADEMARK DEVELOPERS, LTD.	
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Principal Place of Business 5432 W. ATLANTIC BLVD. MARGATE FL 33063	Mailing Address 5432 W. ATLANTIC BLVD. MARGATE FL 33063
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E003 (10/06)

4. FEI Number 65-0807231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORMAN, ROBERT S 2101 W COMMERCIAL BLVD., STE. 4100 FORT LAUDERDALE FL 33309	
7. Name and Address of New Registered Agent 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	H82269 TRADEMARK REALTY, INC. 5432 W. ATLANTIC BLVD. MARGATE FL 33063	STREET ADDRESS CITY-ST-ZIP	
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03/13/07 80026 002 500.00

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: *Lois M. Hale* 3/5/07 213-6959  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE