


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A98000000301 1. Entity Name GRATIGNY PARTNERS, LTD.	
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SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL 27 PM 12:50

Principal Place of Business 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181	Mailing Address 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2121 Ponce De Leon Boulevard	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1100	
City & State		City & State Coral Gables, Florida	
Zip	Country	Zip	Country
		33134	USA

06252007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NUNEZ, MIKE 14445 N.E. 20TH LANE NORTH MIAMI, FL 33181		Name Michael B. Goldstein, CPA	
		Street Address (P.O. Box Number is Not Acceptable)	
		2121 Ponce De Leon Blvd., #1100	
		City Coral Gables	FL

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 Michael B Goldstein
Signature, typed or printed name of registered agent and title if applicable.

7/24/07
DATE

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	P98000007553	STREET ADDRESS	
NAME	GRATIGNY MANAGERS, INC.	CITY - ST - ZIP	000106978290
STREET ADDRESS	14445 N.E. 20TH LANE		07/31/07--01023--009 **500.00
CITY - ST - ZIP	NORTH MIAMI, FL 33181		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE