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

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FILED Jan 24, 2007 08:00 AM Secretary of State

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1. Entity Name

MERRICK PARK ASSOCIATES, LTD.

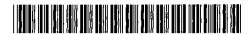


Principal Place of Business

Mailing Address

4565 PONCE DE LEON BLVD., STE. 100 CORAL GABLES, FL. 33146

4565 PONCE DE LEON BLVD., STE. 100 CORAL GABLES, FL 33146



01182007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0813224 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORBES, JOHN R 4565 PONCE DE LEON BLVD., STE. 100 CORAL GABLES, FL 33146

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| <ol><li>The above named entity submits this statement for the purpose of char<br/>the obligations of registered agent</li></ol> | nging its registered office or registered agent, or both, in the State of Florida. | I am familiar with, and accept |
|---|--|--------------------------------|
| SIGNATURE Signature, Need or printed name of registered apent and title if applicable.  |  | DATE                           |

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 U00000600836 0<u>1/26/07-80026-022</u> 500.00

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.

| Ì  | 12.   | GENERAL PARTNER INFORMATION   |  |  |  |  |
|--|---|---|--|--|--|--|
|  | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          | 4565 ASSOCIATES, INC.<br>4565 PONCE DE LEON BLVD., STE. 100<br>CORAL GABLES, FL 33146 |  |  |  |  |
| SIAPLE CHECK HERE  | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |   |  |  |  |  |
|  | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |   |  |  |  |  |
|  | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |   |  |  |  |  |
|  | DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |  |  |  |
|  | DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | $\sim$  |  |  |  |  |
| 14. I hereby certify that the information supplied with this thing does not qual |   |   |  |  |  |  |

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14. I hereby certify that the information supplied with this flog 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 daysignature 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 second accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated in the information indicated on this report is true and accurate and that the information indicated in the information indicate

SIGNATURE:

SIGNATURE AND TYPED OF FINTED NAME OF SIGNING GENERAL P

1-19-02

305-446-0849

Daytime Phone #