


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

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

DOCUMENT # A98000000425 1. Entity Name MERRICK PARK ASSOCIATES, LTD.	
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Principal Place of Business 4565 PONCE DE LEON BLVD., STE. 100 CORAL GABLES, FL 33146	Mailing Address 4565 PONCE DE LEON BLVD., STE. 100 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0813224	Applied For Not Applicable
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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

**DO NOT WRITE
IN THIS SPACE**

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 \$500.00
After May 1, 2007, Fee will be \$900.00**

U00000600836
01/26/07-80026-022 500.00

**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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	4565 ASSOCIATES, INC. 4565 PONCE DE LEON BLVD., STE. 100 CORAL GABLES, FL 33146
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STAPLE CHECK HERE

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:  1-19-07 305-446-0849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #