


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

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000660</b>	
<b>1. Entity Name</b>	
1300 LAS OLAS PLACE LIMITED PARTNERSHIP	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
721 NE 3RD AVE. FT. LAUDERDALE FL 33304	721 N.E. 3RD AVENUE FT. LAUDERDALE FL 33304

<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E003 (10/06)

<b>4. FEI Number</b>	<b>Applied For</b>
65-0819471	Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>	
DOERING, RALPH H III PALMETTO STATES PROPERTIES, INC. 721 NE 3RD AVENUE FORT LAUDERDALE FL 33304	
<b>7. Name and Address of New Registered Agent</b>	
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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b>	P95000083892	<b>STREET ADDRESS</b>	
<b>NAME</b>	PALMETTO STATES PROPERTIES, INC.	<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	721 NE 3RD AVE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	FT. LAUDERDALE FL 33304	<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
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<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**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:** *Ralph H. Doering III* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **1/30/07** **954-525-0210x16**  
Signature Date Daytime Phone

STAPLE CHECK HERE