


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


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 3:33

| | | |
|---|--|---|
| DOCUMENT # A98000000699 | |  |
| 1. Entity Name TURNBERRY AVENTURA MALL COMPANY, LTD. | | |

| | |
|--|--|
| Principal Place of Business 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180 | Mailing Address 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180 |
|--|--|

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

| | |
|--|--------------------------------|
|  | |
| 03212007 | Chg-LP |
| CR2E003 (12/06) | |
| 4. FEI Number 59-2162672 | 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 | |
| HARTGLASS, LORI R 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180 | |

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

400106365424
07/19/07--01003--003 **1800.00

**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 | P98000024439 TAMCO, INC. 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180 |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|----------|
| STREET ADDRESS | |
| CITY-ST-ZIP | FF \$500 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | BLT |
| CITY-ST-ZIP | |

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: _____ **4-27-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE