

2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006,

DOCUMENT # A98000000932

1. Entity Name
2727 CRN PARTNERS, LTD.



FILED

06 JUN -6 PM 12:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
8585 SUNSET DRIVE, WEST ATRIUM
MIAMI, FL 33143

Mailing Address
8585 SUNSET DRIVE, WEST ATRIUM
MIAMI, FL 33143



2. Principal Place of Business

11428 S.W. 109th Road

3. Mailing Address

11428 S.W. 109th Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-LP CR2E003 (11/05)

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number
65-0831612

Applied For
Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHALL R. PASTERNAK, P.A.
200 S. BISCAYNE BLVD., SUITE 2500
MIAMI, FL 33131

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L18817
NAME L.F.A. FACILITY MANAGEMENT CORPORATION
STREET ADDRESS 8585 SUNSET DRIVE, WEST ATRIUM
CITY-ST-ZIP MIAMI, FL 33143

STREET ADDRESS

CITY-ST-ZIP

700075968547
06/08/06--01002--006 **500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE