

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

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A98000001080

1. Entity Name
053, LTD.



Principal Place of Business

1350 EAST NEWPORT CENTER DRIVE, STE. 206
DEERFIELD BEACH, FL 33442

Mailing Address

P.O. BOX 4219
DEERFIELD BEACH, FL 33442-4219



01042007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1514268	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAY, JAMES R ESQ.
KAY LAW OFFICES
700 VILLAGE SQUARE CROSSING., STE 102B
PALM BEACH GARDENS, FL 33410

**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 _____

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

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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

DOCUMENT #	P98000038492
NAME	053, INC.
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, STE. 206
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

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04/04/07-80003-009 508.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

Linda Kamof

3-23-07

954 428-4585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE