

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A98000001830

1. Entity Name
VILLAS DEL LAGO, LTD.



Principal Place of Business
11900 BISCAYNE BLVD., SUITE 262
NORTH MIAMI, FL 33181

Mailing Address
11900 BISCAYNE BLVD., SUITE 262
NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

02072007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0857992

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130

**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 # P98000066572
NAME CASTLE THREE CORP.
STREET ADDRESS 11900 BISCAYNE BLVD., SUITE 262
CITY-ST-ZIP NORTH MIAMI, FL 33181

DOCUMENT # P01000113581
NAME MSHC-VILLAS DEL LAGO, INC.
STREET ADDRESS 600 BRICKELL AVE., STE. 502
CITY-ST-ZIP MIAMI, FL 33131

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

300096240053
04/09/07--01040--010 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

2007 APR -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE