2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A98000018301. Entity Name

Entity Name
 VILLAS DEL LAGO, LTD.



FILED Apr 09, 2008 08:00 A Secretary of State

Fee Required

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

 03122008 No Chg-LP
 CR2E003 (12/06)

 4. FEI Number 65-0857992
 Applied For Not Applicable

 5. Certificate of Status Desired
 \$8.75 Additional

กสววัวได้ดีมีอัติคระนักกาย รถด

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

The above named entity submits this statement for the	purpose of changing its registered office or registered ag	ent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.			
- · ·			
SIGNATURE		הַלִּינִים רְּבְּרָרְבָּרִינִים לַ <u>.</u>	0074

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.	2. 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		
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	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
,	14. I hereby certify that the information supplied with this filing does not qualify to		

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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

305-891-333/

7/3/58 Daytime hone #