

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

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000001982**

1. Entity Name  
**CLOISTERS ON THE BAY, LTD.**



Principal Place of Business  
**1200 S. ROGERS CIRCLE, SUITE #11  
BOCA RATON, FL 33487**

Mailing Address  
**1200 S. ROGERS CIRCLE, SUITE #11  
BOCA RATON, FL 33487**



02232007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0868611**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**POPKIN, EDWARD D  
5355 TOWN CENTER RD., SUITE 801  
BOCA RATON, FL 33431**

**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 # **P98000052839**  
NAME **CLOISTERS ON THE BAY, INC.**  
STREET ADDRESS **1200 S. ROGERS CIRCLE, SUITE #11**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

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05/04/07-80033-024 500.00

**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

**2/23/07**

Date

**561-994-1375**

Daytime Phone #

STAPLE CHECK HERE