2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 25, 2007 08:00 AM Secretary of State

1. Entity Name

PALM AIRE PLAZA PARTNERSHIP, LTD.



Principal Place of Business

1717 SECOND STREET, SUITE A SARASOTA, FL 34236

Mailing Address

1717 SECOND STREET, SUITE A SARASOTA, FL 34236



DO NOT WRITE IN THIS SPACE

03112007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0870593

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALAMUD, NEIL N 1717 SECOND STREET, SUITE A SARASOTA, FL 34236

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

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 # NAME STREET ADDRESS	P98000022988 NNM, INC. 1717 SECOND STREET, SUITE A
CITY-ST-ZIP	SARASOTA, FL 34236
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
DOCUMENT / NAME	

U00000731103 05/08/07-80106-007 500.00

Daylime Phone #

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 600 plorida Statutes

SIGNATURE:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTI

2/12/04

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