


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 24 P 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002822					
1. Entity Name SR-1 OF AVENTURA LIMITED PARTNERSHIP					
Principal Place of Business C/O TURNBERRY ASSOCIATES 19501 BISCAYNE BLVD., SUITE 400 AVENTURA, FL 33180			Mailing Address C/O TURNBERRY ASSOCIATES 19501 BISCAYNE BLVD., SUITE 400 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
03222007			Chg-LP		CR2E003 (12/06)
4. FEI Number 65-0882732				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTGLASS, LORI R 19501 BISCAYNE BLVD., SUITE 400 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000105467		STREET ADDRESS		
NAME	SR-1 OF AVENTURA, INC.		CITY - ST - ZIP		
STREET ADDRESS	19501 BISCAYNE BLVD., SUITE 400				
CITY - ST - ZIP	AVENTURA, FL 33180				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS	400103825014	
NAME			CITY - ST - ZIP	06/04/07--01002--012 **2250.00	
STREET ADDRESS					
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CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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: _____			4-23-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE