

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A99000000045 1. Entity Name FOUR STREET PROPERTIES, LTD.	
---	---

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB 14 AM 9:52

Principal Place of Business 7086 S.W. 4TH STREET MIAMI, FL 33131	Mailing Address 7086 S.W. 4TH STREET MIAMI, FL 33131
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 33144	3. Mailing Address Suite, Apt. #, etc. City & State Zip 33144
--	--

02122007 Chg-LP CR2E003 (12/06)

4. FEI Number **59-2198342** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OSVALDO VENTO SR.
7086 S.W. 4TH STREET
MIAMI, FL 33131
33144

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.

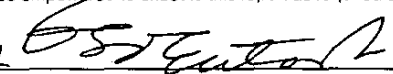
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 # P98000107742 NAME FOUR STREET PROPERTIES, INC. STREET ADDRESS 7086 S.W. 4TH STREET CITY-ST-ZIP MIAMI, FL 33131	STREET ADDRESS _____ CITY-ST-ZIP Miami, FL 33144
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP 000099924740 02/20/07--01037--015 **500.00
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

2/12/07 305
266-1011