


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

| | | | |
|--|---------|---|---------|
| DOCUMENT # A99000000168 | |  | |
| 1. Entity Name SANTA MARIA LTD. PARTNERSHIP OF PALM BEACH | | | |
| Principal Place of Business 42 EDINBURGH DR. PALM BEACH GARDENS FL 33418 | | Mailing Address 42 EDINBURGH DR. PALM BEACH GARDENS FL 33418 | |
| 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 |



1st MOORE CR2E003 (10/06)

| | | | |
|---|--|--|--|
| 4. FEI Number 65-0893531 | | 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 SANTA MARIA, MICHAEL 42 EDINBURGH DR. PALM BEACH GARDENS FL 33418 | | 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 05/01/07-80073-004 500.00 | |
| <small>Signature: typed or printed name of registered agent and title if applicable.</small> | | | |

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # | SANTA MARIA, MICHAEL TRUSTEE 42 EDINBURGH DR. PALM BEACH GARDENS FL 33418 | STREET ADDRESS | |
| NAME | | | |
| STREET ADDRESS CITY- ST- ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | | |
| STREET ADDRESS CITY- ST- ZIP | | | |
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| NAME | | | |
| 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: *Michael Santa Maria*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/07 **561-626-5924**
Date Daytime Phone #

STAPLE CHECK HERE