

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

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000190**

1. Entity Name  
**SUMMERLAKE APARTMENTS, LTD.**



Principal Place of Business  
**2950 SW 27TH AVE, 200**  
**MIAMI, FL 33133**

Mailing Address  
**2950 SW 27TH AVE, 200**  
**MIAMI, FL 33133**

**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0896651**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

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

**GREEN, PATRICIA K**  
**2200 MUSEUM TOWER**  
**150 WEST FLAGLER STREET**  
**MIAMI, FL 33130**

**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.

**Lloyd J. Boggio**

SIGNATURE

*[Signature]*

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 # **P99000009324**  
NAME **SUMMERLAKE APARTMENTS, INC.**  
STREET ADDRESS **2937 S.W. 27TH AVE., SUITE 303**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE**  
**IN THIS SPACE**

**U00000748055**  
**05/17/07-80050-025 508.75**

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

**Lloyd J. Boggio**

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE