2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A99000000782

1. Entity Name
MEDITERRANEAN VILLAGE LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
21 W. LAS OLAS BLVD.	P.O. BOX 399
FT. LAUDERDALE, FL 33301	FT LAUDERDALE, FL 33302

04162007   Chg-LP   CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
1815 Cordova Road	1815 Cordova Road		
Suite, Apt. #, etc. Suik 210	Suite, Apt. #, etc. Suik 210		
City & State Fort Lauderdale, Fl	City & State Fort lauderdere, fl	**4. FEI Number** 65-0924156	Applied For / Not Applicable
Zip 33316 Country USA	Zip 33316 Country USA	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent

JOHN T. LOOS
1815 CORDOVA ROAD, #210
FT. LAUDERDALE, FL 33316

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 _____
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		13.	ADDRESS CHANGES ONLY
DOCUMENT #	P98000024448	STREET ADDRESS	800103629478
NAME	MEDITERRANEAN VILLAGE INC.		05/31/07--01054--022 **500.00
STREET ADDRESS	21 W. LAS OLAS BLVD.	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		
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PAID

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: _____ As Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

STAPLE CHECK HERE